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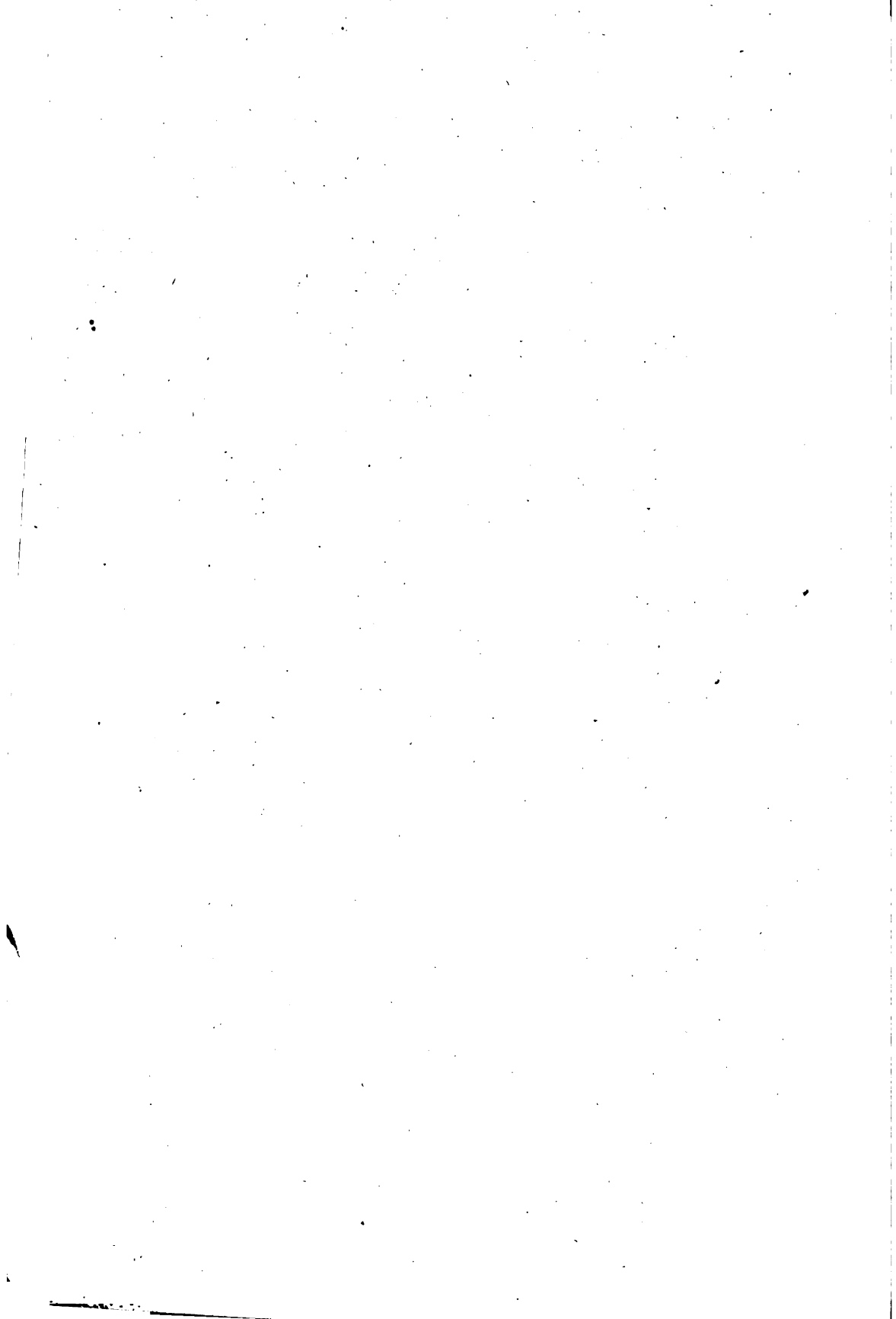


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*Edited by*

JOHN KING SCUDDER, A. M., M. D.

*Assisted by the Faculty of the Eclectic Medical Institute*

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strongly advocating a re-study of Practice and Materia Medica  
along the lines of the well-known doctrines of Specific  
Medication and Specific Diagnosis.

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## "SPECIFIC MEDICATION AND SPECIFIC MEDICINES."

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows:

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no SPECIFICS *for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

LLOYD BROTHERS,

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### THE SINGLE REMEDY.

By J. S. Niderkorn, M. D., Versailles, O.

There is another feature connected with multi-combination prescriptions that might prove to be even more serious than one might be willing to admit, and that is the fact that the therapist exhibits his remedies in combination so regularly and so habitually — the habit has grown upon him in an every-day fashion so insidiously that he does not realize it, and, of course, is not in a position to intelligently adopt any other method of acquiring therapeutic effect; he has unconsciously become a compound victim, a medical polygamist, to the extent that he sincerely believes he is absolutely correct, and this belief blinds him to any other possibilities. "Facts are stubborn things." Queer, is it not!

He has no confidence in nature, in himself, or in any one drug; he gives his trusting patient as many medicines as he thinks will cover the entire field of complaint — one for his heart, another for his stomach, still another for the bowels; the nerves need a sedative, so that must be added; the blood is out of order, and of course needs special attention. There you have a splendid medical quintet. It is not everybody who has the ability to prepare such an efficient compound, and of course the doctor expresses his delight and gratification and goes into an hysterical ecstasy because he has by his ingenuity really formulated a very excellent and far-reaching medical compound.

Let it be understood that the use of well-known compounds, such as neutralizing cordial, Dover's powder, viburnum cord., hypophos. comp., and such like old and well-established preparations are not objected to if their employment is confined to the special conditions in which they have proven to be of undoubted value. But it is this practice of indiscriminately and continually giving from two to six remedies to every case, no matter what the ailment; it is this practice of giving stock-compounds to classified ailments; it is this practice of giving fixed prescrip-

tions to named diseases ; it is this practice, for instance, like the giving of calomel in the beginning of treatment of every case of typhoid fever ; it is this practice of giving the already-prepared and usually "stuff" combination tablets, like the cough tablet for every cough ; the tonsillitis tablet for everything that looks like tonsillitis ; the anti-cold tablet for every case of cold ; the anti-dyspeptic tablet for every case of digestive disturbance, and so on *ad infinitum* — these are the methods of practice to which I object and protest against, and which every conscientious therapist repudiates ; these are the methods which *will not* elicit and establish therapeutic facts, but which *will* and *do* create distrust and medical skepticism ; these are the methods which discourage physical diagnosis, encourage conjectures, and create diagnostic blatherskites ; these are the methods which induce routine habits, and which are far too prevalent in the field of scientific research ; these are the methods which are the obstacles in our attempt to extricate ourselves from the reputation of being drug-dopers ; these are the methods which do not give scientific medication an opportunity to demonstrate its complete efficiency ; these are the methods which too often create public derision and place the medicationist in a ludicrous position ; these are the methods which have caused many medical men to lose confidence in medicine and to fall victims of any latest fad.

Would it not be far better to know what a remedy can do and under what conditions it will do it — know exactly the nature of the ailment of our patient — just where and how he is sick ; then know exactly what remedy will remove all unpleasanties — in other words, know your remedy and know your patient ? Therapeutics is the doctor's essential weapon, and he should be as familiar with each of his weapons as the surgeon is with his instruments. Every watchful therapist has observed how readily an entire series of symptoms disappears upon the administration of a single remedy in acute as well as chronic ailments, and when such occurrences are common, would that not of itself suggest simple medication and the selection of *the* remedial agent ? For instance, the case of the patient who feels badly ; has no appetite, more or less nauseated, has a dull, sleepy headache, bitter taste in mouth, tongue coated, soreness over abdomen and liver, smallest amount of food causes gastric uneasiness, has a tawny color and feels decidedly worse in the afternoon, has no elevation of temperature. There isn't any use in giving this fellow first calomel, followed by a saline ; then hydrastis, and quinine, and euonymus, and salicin, and cascara — the poor fellow feels bad enough already — when chelidonium alone will do all that need be done, and do it pleasantly. Nature will not permit imposition or coercion, but will tolerate and invites gentle assistance —

she certainly is entitled to a fair deal; and, after all, what else can the physician do but to assist nature in her effort to rid herself of wrong life? Hyper-medication stamps its approval on the assertion, "To hell with nature"; simple and direct medication implies the intent of assisting and sustaining the vital forces, and the beauty of it is that the "when and whatwith" have been clearly established. And since the common practice of drug combination in reality is hyper-medication, and this method of administering to the sick is repudiated and renounced by pathologists and therapeutists; and since it is the purpose of the physician to cure his patient in an efficient and practical manner, and which has the additional virtue of being both generously scientific and overflowing with common sense, then the only rational thing to do is to avoid haphazardism and employ only such definite and accurate means which will directly assist nature during her incapacity to help right herself.

I have just finished reading a report of treatment of a series of cases by a physician who enjoys an enviable reputation as a therapeutist. The remedies were selected only after close study of the cases, and were administered once a day, or once every other day, or once every three evenings. What matters it if that physician is a homeopath! Results were everything desirable, and were obtained by scientific, definite and direct means (usually a single remedy or two in alternation). If there are objections to the kind of remedies, or even to the method of administering them, can we not at least learn a valuable lesson from such procedure? That medical man does not live who can repeatedly turn a therapeutic trick that others can not do at least occasionally; and if the feat can be accomplished once, under similar conditions it can be executed again. If physiology, pathology and medicines always received the attention they deserve, there would be no legitimate excuse for the existence of therapeutic mugwumps, and there certainly would be fewer motives to administer remedies in combination.

Some five or six months ago a man consulted me concerning himself. Said he had been sick "off and on" for several years. When he finished giving his history and a full detail of his condition, it seemed that he certainly complained of everything. In particular he referred to his cough — an annoying cough, with free expectoration of a thick, yellowish-gray sputum, and to a burning distress in his stomach after eating. He made frequent mention of having at intervals a disagreeable burning sensation, particularly along his spine and of his feet. He was very much emaciated; had a tawny-sallow color, and it was evident to me that if he felt as bad as he looked, he certainly did not exaggerate the story of his illness. His appearance did not invite him as a

very desirable patient, and being in a hurry to answer a sick-call, I asked him to call later for a more satisfactory examination. He insisted that I should prescribe for him before I left my office, and I, more to get rid of him, supplied him with a half ounce of sulphur 3x, three grains to be taken every three hours. My selection of sulphur on the moment was because of his color and the cough with that characteristic expectoration. Whether I would have given him sulphur after a thorough examination is problematic; but under the conditions as described that was my selection, and I did not anticipate that I would ever see him again.

Exactly one month later he again called, with an apology of not having taken his medicine as regularly as I had directed. But what a change in his appearance and condition! A decided improvement generally, and a marked amelioration of everything that had been aggravatingly unpleasant. Some cough yet, expectoration almost none, appetite improved, gastric uneasiness a thing of the past, and the annoying burning sensation in his feet and back gave him but little disturbance. He was given another supply of the same remedy and acid sol. of iron, to be taken in alternate weeks, and in another month his health was excellent and further treatment unnecessary. To a very great extent the treatment in this case was accidental, but fortunately the right remedy was selected. However, the results were another link in the chain of evidence in behalf of simple medication.

When the right remedy is employed there is no need of adding any other article for mitigating purposes, or to avoid any unpleasant features arising from the influence of the drug. Neither is the employment of a single or simple remedy a twentieth-century fad, but it is a scientific and the most sensible way of treating diseased conditions. And in addition to its simplicity and efficiency, a concomitant feature is its honesty of purpose and its convincing effect upon any patient, fanciful or not. No intelligent and comprehensive mind would interpret such practice as a device intended to inveigle a whimsical patient.

To say that three or four drugs of like action mingled together will accomplish the same effect, or effect the same purpose as would either of them when given singly, is certainly not saying very much for drug alliance; neither is it any laurels for the combination idea to contend that systematic shock will be decidedly less by a combination of similarly acting agents, for the reason that therapeutic effects are desired, and three or four will, theoretically at least, shock proportionally more than one, dosage considered. Every drug is a compound, so there isn't any need of going any further in imitating nature's example.

Our Dr. Scudder predicted years ago that the medicine of the future

will very certainly be *direct*, and his chief aim in practice was to administer remedies singly for their direct effect, for he said: "We want the plain and constant action of a simple remedy; modifying influences are unnecessary." The employment of drugs in combination is not of such frequent necessity as many physicians seem to want to make us believe; the employment of remedies in such manner is not productive of establishing therapeutic facts, and not in keeping with the progressive spirit manifested in other departments of scientific labor.

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### SEPTIC ENDO-METRITIS.

By A. F. Stephens, M. D., St. Louis, Mo.

Septic endometritis is due to the action of septic bacteria following labor or abortion, or the introduction of septic matter into the uterine cavity by other means.

ETIOLOGY.—The cause of septic endometritis is an invasion of the uterine endometrium by septic organisms, usually conveyed into the uterine cavity through ignorance on the part of the attendant. The means may be: unclean hands or instruments used in conducting a normal labor, or from dirty instruments used in an attempted criminal abortion. Often a lack of care in cleaning instruments that are used in office treatment of women results in infection of the uterine cavity by the introduction of such instruments into the cavity while in that condition. Operations performed without due regard to cleanliness of the operator's hands and instruments are very liable to be followed by septic infection. The most frequent cause, however, is that of puerperal infection. In the conduct of labor, repeated vaginal examinations, the use of forceps, vaginal douches, and many other practices in the lying-in chamber, some of them unnecessary, are potent means of infecting the genital tract, and endometritis follows. Accidental as well as criminal abortion is very often followed by septic infection. In such cases the process of emptying the uterine cavity is incomplete; a retention of some portion of the placenta or membranes being the rule, and very often because of this, infection results. Infection may also take place through a sloughing tumor or polyp.

SYMPTOMS.—The symptoms are both acute and chronic, as the disease begins acutely, and passes from that into the chronic stage.

In the acute stage the gravity of the symptoms will depend upon the amount of poison absorbed into the blood, which will in turn depend upon the extent of the absorbing area.

In septic endometritis the symptoms appear in from twenty-four to forty-eight hours after labor, abortion, or the use of unclean instru-

ments, or other means of infection. The first symptom is a severe chill, followed by high temperature and rapid pulse. If in a case of labor, the lochial discharge is soon diminished in quantity or suppressed altogether. It may return again, however, and is then very dark in color and of a decidedly offensive odor. The patient complains of severe headache, pain in the back and pelvis, with periodic uterine pains. Later the pains are continuous, and the abdomen becomes sore and tender to the touch, and the weight of the clothing gives discomfort. These symptoms continue, and are accompanied by a succession of chills and sweatings. The breathing is hurried, the patient restless and nervous, and the facial expression anxious. The chills do not occur with any regularity, sometimes occurring at intervals of a few hours, or they may be slight or absent after the first chill. The temperature range is also irregular, being highest immediately following a chill, and falling several degrees during the intermission. It rises very high just preceding death.

In cases which terminate fatally the high temperature is maintained, the pulse grows weak and very rapid, the breathing oppressed. Diarrhea is apt to develop, and the urinary secretion is diminished in quantity or entirely suppressed.

If the patient survive the *acute* stage, the symptoms are modified in that of the *chronic* stage. The pain is less severe, but more or less constant, owing to the inflammation set up in the tissues surrounding the uterus. The pain is increased by exertion on the part of the patient. She complains of much pain in the lower abdomen, hips and back; also of headache, which, usually, is reflected to the top of the head or the occiput.

Menstrual disturbances are pronounced. Menorrhagia is the rule, the menstrual period being prolonged and the flow profuse.

Leucorrhea is always present, the discharge being profuse and purulent, and sometimes mixed with blood. The discharge is most profuse just before and after a menstrual period. There is little odor if proper attention is paid to cleanliness.

Owing to the loss of fluids from hemorrhage and leucorrhea, and the nervous disturbances due to more or less constant pain, the general health is apt to suffer. The appetite fails, the digestion is but poorly performed, there is intestinal disturbances with constipation, the patient is nervous and peevish and very often incapable of attending to her household duties. She may have periods of a day or two at a time when she feels fairly comfortable, and from this takes courage, only to drop back again to her former condition. She loses flesh and strength, grows anemic, and finally lapses into a state of chronic invalidism.



**DIAGNOSIS.**—The diagnosis is determined from the history of an infection following some one of the causes given; the symptoms as expressed above and the examination of the pelvic organs.

As stated, the symptoms of *acute septic endometritis* develop suddenly. The local symptoms are referred to the uterus, while the general symptoms are indicative of septic infection. These are all based upon the fact of a post-puerperal period, or some treatment or operation just preceding the development of the symptoms.

Digital examination will determine the following condition: If the disease has occurred as a result of infection following labor, the uterus is large, congested and boggy, showing that involution has failed. The tissues show a temperature above the normal. The cervix is soft and the os patulous, and if the lochia is not suppressed, it is purulent. Owing to the inflammation of the uterus, that organ is very sensitive, and the patient complains of pain on pressure. If the surrounding structures are involved, pressure upon any of them will elicit pain.

In *chronic septic endometritis* the uterus is enlarged, rounded, and softer in consistency than the normal. It is not so freely movable as when in the normal condition, owing to inflammatory exudate into the pelvic structures surrounding it. Touch does not cause pain, except upon deep pressure. Leucorrhea is always present.

Inspection shows the presence of a purulent discharge upon the external parts, and upon introducing a speculum into the vagina, the same discharge is seen escaping from the os uteri. The cervix is frequently eroded, presenting an intensely inflamed surface, which is due to the constant irritation by the discharge. The end of the cervix frequently presents the appearance of a ripe strawberry.

Septic endometritis may be mistaken for gonorrheal endometritis, and we will often have to depend upon the history of the case for our diagnosis. In gonorrheal endometritis there may be a history of suspicious sexual contact, while there is no history of a cause for septic infection. The symptoms of gonorrheal endometritis are not nearly so severe and more insidious in their appearance; besides, the urethra and vulvo-vaginal glands are involved. The microscope will usually clear up the diagnosis, although the absence of gonococci is not positive proof that the endometritis is not gonorrheal in its origin.

**PROGNOSIS.**—The disease in the acute form is dangerous to life because of its liability to extend to the surrounding structures and the development of a general peritonitis. In the chronic form the tendency is to prolonged and permanent invalidism. Under judicious treatment, however, the prognosis is favorable in the majority of cases.

**TREATMENT.**—In acute septic endometritis I consider immediate curetment absolutely essential. The cause is local, and the earlier we remove the offending material from the uterine cavity and thoroughly cleanse it, the better will it be for the patient and the better chance will she have for recovery. Curetment must always be performed with great care, that injury is not done to the uterus, but we should be certain that the cavity is *clean*. I use the hollow-stem curet, allowing a continuous flow of mercuric chloride solution (1-2000) to pass through it as the curetment is performed, thus washing out the scrapings as they are loosened by the curet. The irrigation may be repeated every twelve hours for a day or two, only a borax solution is to be used instead of the sublimate. By the removal of the uterine contents at once the danger of reinfection is avoided, and the elimination of the poison, already absorbed, is more readily accomplished.

In the *chronic* form curetment should be done at the beginning of treatment, as there is a condition of the mucosa which curetment will improve quicker than any other means at our command. After curetment, the uterus is to be left unpacked and unobstructed, so as to permit of free drainage. The vagina is to be irrigated once or twice a day with the hot borax solution until the condition of the patient is normal.

In cases which result from abortion, the cervical canal should be dilated and the uterine cavity cureted, following the same procedure described above.

If the uterus is large, soft and boggy, a cotton tampon saturated with the tannic acid and glycerine mixture is to be applied every two or three days. This will aid in reducing the congestion and hasten the return of the organ to its normal size and consistency.

The internal treatment will consist of remedies to control the temperature and pulse, counteract the general septic infection, relieve pain, and quiet the nervous system.

In the *acute variety*, when there has been a chill, followed by high temperature, the special sedatives are indicated. If the pulse is full and strong and the patient is flushed with fever and restless, the prescription will probably be: Specific veratrum gtt. xx-xxx; specific medicine gelsemium gtt xxx; specific medicine echinacea dr. iii; aquæ q. s. ad. oz. iv. M. S.—A teaspoonful every hour until temperature is reduced, then a dose every two hours. If the pulse is small and feeble, which it often is in septic infection, aconite should take the place of veratrum in the prescription. Sometimes the patient is drowsy and stupid, when belladonna is to replace the gelsemium.

Local pain may be relieved to a degree by the application of a mixture of turpentine, camphor and lard to the lower abdomen. A splendid

local application for pain is libradol, which can be spread upon a cloth or a piece of paper and adjusted over the location of the pain.

For the relief of severe nervous tension and to induce sleep the following is very often indicated and effectual: Specific medicine *passiflora* oz. ss-i; specific *hyoscyamus* dr. ii; *aquæ q. s. ad. oz. iv.* M.—A teaspoonful as needed. Specific blackhaw will very frequently find a place in the treatment of endometritis, as it is one of the best uterine tonics we have. The indications for its use will guide us in its administration. *Macrotys* and *pulsatilla* are also often indicated.

After the acute symptoms have subsided the sedatives should be omitted, but the *echinacea* is to continue until all evidence of septic intoxication has disappeared. This remedy may be combined with blackhaw in the chronic stage, or *macrotys*, or *pulsatilla*, as the case may call for. The indications for remedies as presented by the conditions in the individual case must be our guide.

In cases where the inflammation has extended to the uterine parenchyma and the surrounding structures, abscesses are liable to occur. When they do, they are to be evacuated through the vaginal vault.

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## THE DUCTLESS GLANDS AND INTERNAL SECRECTIONS.

By Lyman Watkins, M. D., Cincinnati, O.

For many years the ductless glands were a source of mystery to the physiologist, and various theories were advanced in regard to the function of these organs. They have, at various times, been regarded as useless remnants of fetal life, as evidences of an evolution from a lower state of animal existence, and as mere packing material inserted by nature to fill up and round out the body. These glands being ductless, no secretion could be obtained for study or experiment, their product, if any, passing directly into the blood or lymph stream. At present, although there is still much obscurity in regard to the uses and purposes of these structures, yet enough has been learned to entitle them to an important position in the animal economy and to stimulate further investigation. Some of the glands provided with ducts have been found to have an internal as well as an external secretion, and here again has arisen an unexpected field for investigation by the physiologist. A review of the present state of our knowledge in this direction may be interesting as showing how far we have progressed, and in pointing out the way in which future study may be profitably conducted.

The thyroid gland, judging by the results which follow its arrested development or extirpation, appears to furnish a secretion which is essential for the normal tone of tissues generally. One of the most

striking effects caused by an absence of the thyroid is the occurrence of cretinism, the peculiar characteristic of which is an arrest of both mental and physical development in childhood, while in adults myxedema frequently follows degenerative processes in, or removal of, the thyroid. That the thyroid is of considerable importance in the body is confirmed not only by the appearance of cretinism and myxedema, but also by experiments upon dogs, monkeys and other animals. Two different views have been advanced in regard to the manner in which the thyroid impresses the body. One of these is, that the thyroid, by its secretion, counteracts or destroys certain toxic bodies, and thus prevents auto-intoxication; the other more prevalent opinion is, that the secretion of this gland tends to maintain normal metabolism. When the thyroid is destroyed by morbid processes or removed, the undue results which follow may be prevented by engrafting portions of the gland in the abdominal cavity or elsewhere, by the injection of thyroid juice, by feeding the raw gland, or by administering the dry extract. In therapeutics, thyroid derivatives are used with good effects. Thyroid enlargement is a constant accompaniment of exophthalmic goitre, myxedema and this disease occupying antagonistic grounds. Still, cases of goitre are benefited by iodothylin when the enlargement is due to interstitial hypertrophy. The use of the mæbius serum from thyroidec-tomized sheep in exophthalmic goitre has been favorably reported in a number of cases.

The pituitary body, for many years considered of doubtful importance, and by the ancients regarded as the seat of the soul, has been shown to occupy a material position in the body, inasmuch as its removal causes spasms, tremors, delirium, and other grave symptoms affecting the nervous system, and is invariably followed by death. Degeneration of the pituitary body has always been found in connection with acromegaly, in which there is hypertrophy of osseous structures, involving the extremities and face, notably the lower jaw and bridge of the nose. On account of the difficulty in obtaining a sample of the secretion of the pituitary, if, indeed, there be any, the function of the gland is still obscure, and the assumption that the gland in some manner influences the growth of bone requires further confirmation.

The suprarenal bodies are being investigated with renewed interest at the present time. In 1856 Brown Sequard found that the removal of these glands was quickly followed by death, preceded by great prostration, muscular weakness and relaxed vascular tension. Addison's disease, which is attended by the above symptoms, and by a brownish discoloration of the skin and mucous membranes, is always associated with pathological conditions of the adrenals. An extract from the

supra-renal bodies is powerfully astringent, and it is probable that the internal secretion of these glands is in some way effective in maintaining blood vascular and muscular tone. Epinephrin and adrenalin, a crystalline substance, are both obtained from the supra-renals. When these extracts are given hypodermically or administered per ore, they cause contraction of blood vessels, increase in blood pressure, slow the pulse, and exert a tonic action upon the heart muscle. Large doses of adrenalin acting through the central nervous system cause fatal dyspnoea and cardiac paralysis. By virtue of the tonicity and astringency of these extracts, adrenalin therapy is assuming an important position in modern therapy.

The thymus has, as yet, had no new light shed upon its functions. This gland reaches its largest development in infancy, later undergoing fatty degeneration. In hibernating animals the thymus remains and is well developed. It undergoes considerable enlargement just before hibernation, and at the termination of such periods is found diminished in size. Extirpation of the thymus causes death in the frog. In these animals as well as in the fetus the thymus is supposed to act as a storage depot for nutriment, to be used until no longer necessary.

The physiology of the spleen has not progressed much in the last few years. However, it is now well known that this organ can be removed without permanent injury to the body, several hundred cases of excision having been reported; and although the functions of the spleen are not fully understood, it can not be a vital organ, as death does not follow its removal, while in many cases the health is improved. In some European countries stock-raisers excise the spleen of sheep, as they then fatten more rapidly. This increase in weight is, however, but temporary, and the animals are sold before recession occurs.

The pancreas, liver, kidneys, testicles and ovaries are now also thought to produce an internal secretion which enters the blood direct from the gland, and is not found in the discharge from their ducts.

The entire removal of the pancreas or its destruction *in situ* by pathological processes causes a glycosuria, which persists, although no sugar or carbohydrates of any kind be taken by the patient. The pancreatic form of diabetes appears to be the most severe and the most intractable. There is polyuria, thirst, hunger, weakness and emaciation, death coming on in three or four weeks. If a portion of a pancreas is engrafted in the body, these symptoms disappear. That the excessive formation of sugar is not due to a loss of the pancreatic juice with its enzymes is shown by the fact that this can be diverted through a fistulous opening and still glycosuria does not appear. These experiments indicate that the pancreas generates an internal secretion, which is

absorbed by the blood and lymph, and which influences the normal consumption of sugar in the body or restrains its excessive formation, but its exact nature and mode of action is unknown. An extract from the pancreatic gland, called trypsin, has been used in diabetes mellitus, but no definite results have been reported.

The liver is known to produce at least two internal secretions; these are glycogen and urea. It is also quite probable that the hepatic cells contribute other important elements to the blood, but the exact nature and action of these is still obscure.

The kidney, according to Tiegerstedt and Bergman, produces a substance which, when injected into the body, causes a rise in blood pressure. They call this extract rennin, and claim it is a vaso-constrictor.

A study of the internal secretion of the testes was the first step in the investigation of inner fluids. With a considerable flourish of trumpets the testicular juice discovered by Brown Sequard was introduced to the profession in 1889. General skepticism and ridicule, at that time, caused an almost universal rejection of the claims of that distinguished physiologist. But later the subject was again taken up, and Poehl (1894) prepared an extract from the testicle which was called spermin. This substance is claimed to have an extraordinary action as a physiological tonic. It is asserted that the injection of spermin diminishes muscular and nervous fatigue, increases mental and physical vigor, and greatly improves the vitality of the aged. However, the internal secretion of the testis, if such exist, can hardly be expected to retard the approach of age or to restore worn-out organs to pristine youth.

The ovarian inner secretion is probably, so far, an uncertain quantity. From the mass of conflicting testimony, however, it seems to be established that "the ovaries form a specific substance, which is capable of increasing bodily oxidation."

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### CAESAREAN SECTION.

By O. A. Palmer, M. D., Cleveland, O.

History tells us that Nuema Pompilius forbade the burial of pregnant women in whom this operation had not been performed. Just why this gentleman insisted on having this operation performed on every dead woman who was pregnant I can not understand.

This operation was not first performed upon living women. The older writers do not mention it, and yet its great antiquity is admitted by all. In the middle of the fourteenth century, after the death of the mother, this operation is fully described. In 1500 Jaques Nufu performed this operation for the first time on a living subject, his own

wife. History tells us that no attempt was made to close the uterine wound, but every attention was paid to closing the wound of the abdomen.

In 1770 is the first record we have of closing the uterus with sutures after this operation. Nearly fifty years after this, Dr. Pollen introduced the use of silver-wire sutures for the uterine wound. So far as the teachings of statistics are concerned, I think they are very much in favor of the operation.

As this operation is performed mostly by the abdominal route, it becomes an easy matter, with our modern technic, to make a successful operation, providing all of the conditions are favorable, or fairly so. In ancient times bitter opposition prevented its doing the good it should have done. During the last century or two it has been supported by the most careful observers, and to-day it is accepted as an operation that should be done when certain conditions present themselves. All modern text-books present the indications very clearly. Wherever we find a deformed pelvis, eclampsia, placenta previa, osteo sarcoma of the pelvis, fibroid tumor, much enlarged cervix, malignant disease of the neck of the uterus, in face presentation where the chin is directly posterior, in carcinoma of the uterus, some diseased conditions of the vagina, deformities of the fetus, ruptured uterus, suppurating conditions of the ovary, a double uterus, Bright's disease, in some cases of difficult labor after ventral fixation, dermoid cyst of the pelvis, malignant disease of the rectum, misplacement of the gravid uterus, and also in some cases of great debility of the patient.

It requires experience and a thorough understanding of all the conditions to decide when this operation should be done. The circumstances surrounding the case will direct one who possesses a fair amount of experience, judgment and skill as an obstetrician and gynecologist.

I have come to believe that in all very difficult labor cases, from the ordinary cases that we see, this operation, if skillfully done, would be far safer for the patient and child than the average way of allowing the mother and child to be submitted to the extreme conditions, which they often are. It is universally admitted that the most important indication for cesarean section is a contracted pelvis, which causes a barrier to the natural termination of labor. Some authors declare that the dangers after cesarean section are not as great as the risk of subsequent infection that the patient is subjected to after the use of forceps or version. The same author states that the forceps should never be applied to the head that can not enter the brim of the pelvis.

The greatest field for the benefits derived from skillful cesarean section is in primipara, where there is a small vagina, rigid os, and

central implantation of the placenta. The section should be made early in the case, before exhaustion, weak heart and hurried respirations are noticed. If it has been decided that a cesarean section is the best thing to do, the surgeon may be at a loss to know whether the abdominal or vaginal route should be employed.

Dr. Duhrsen in 1896 proposed vaginal cesarean section which has yielded excellent results in primipara. He states that it should be used where there is eclampsia from persistent headache, nausea, vomiting, tachycardia, and amaurosis, especially when the uterus can not be emptied in a few moments by other means, thereby saving great strain on the organs already diseased and crippled.

Dr. Bumm thinks that the vaginal cesarean section, when properly done, has a very hopeful future. He has a record of sixty-one cases, with only three per cent. mortality.

In making this section, one must be careful that the diameters of the pelvis are sufficient for the child's exit. Most authors state that the conjugate vera should not be below eight centimeters, or three or four inches.

Dr. Bigger describes a technic of vaginal cesarean section as follows: "After the preparation for the operation, the cervix is grasped with two vulcellum forceps, and the longitudinal incision is made in the anterior vaginal wall, from two to three centimeters below the meatus urimarius, and extended as far as the external os. The bladder is then peeled from the cervix and lower segment from the external os up to the peritoneal reflections, but the peritoneal cavity is not opened. The vulcellum forceps is removed, and two stout sutures are inserted on each side of the uterus, and an incision is also made in the posterior vaginal wall, about three centimeters from the external os, then Douglass cul-de-sac is peeled from the posterior wall of the lower uterine segment without opening the peritoneal cavity. The cervix is then incised posteriorly from the external os about four centimeters in length. The membranes will then be seen to protrude. A foot is grasped, version is performed, and the child is extracted. Version here is preferable to the forceps. The placenta is expressed or manually removed, the uterus irrigated with salt solution, the incisions in the uterus are closed with interrupted sutures, and the vaginal wall by continuous sutures."

It is sometimes better to make the incisions in the uterus in the portion that presents itself best. It must be remembered that in all septic cases, from any cause, it is not wise to do this operation, but if the circumstances force us to an operation, then all the principles of sterilization should be carefully observed. What experience I have had with this operation has been successful.



My preference is for the abdominal route, which has yielded me success in every case. After preparing the patient as I would for any abdominal operation, I open the abdomen down to the uterus, and without a ligature round the uterine neck I immediately open the uterus and remove the child and placenta. Hot towels, wrung out of any good antiseptic solution, are immediately used in the uterus to check hemorrhage, if any, and to cause immediate contraction of the uterus. As soon as the uterus has taken on firm contraction, the incisions in the uterine walls are closed by interrupted sutures, which may be either twenty-day catgut or silk, being careful that nothing is between the exposed uterine wound. Most authors think that some variety of drainage should be used before closing the uterus. This is not absolutely necessary, as the uterine organ is open, and is well calculated to drain itself. The abdomen is closed in the usual way and the ordinary dressings applied.

Dr. Saenger, of Leipsic, has done much to render this operation successful and less dangerous. On account of these improvements it has been termed "Conservative Cesarean Section," and I give it in his own language: "The technique of the conservative section is very simple; the operation is by no means a difficult one, and it is time every practitioner should inform himself as to the method of performance. Rules: Empty the bladder, shave the pubis, and carefully disinfect the abdomen, vagina, and external genitals. Incision in the linea alba, about sixteen centimeters long. Passage of three sutures through abdominal walls, for the purpose of quickly closing the cavity behind the uterus while it is eventrated. Incision in the uterus either *in situ* or after drawing it out through the abdominal incision. Removal of the child (preferably head first). Entire eventration of the uterus, placing a large sponge under it, and drawing abdominal incision together under it by means of the sutures. Surrounding the uterus with napkins and manual compression of the cervix. Placing the elastic ligature. Waiting for the spontaneous separation of the placenta and its manual removal, and assuring one's self that the os internum is open. Placing iodoform in the uterus, and, if it seems necessary, washing out the cavity with carbolic or sublimate solution. Placing the uterine sutures. Preparatory steps: Stripping of the peritoneum to the extent of five centimeters each side. Resection of muscular tissue, two centimeters each side. Deep sero-muscular silver sutures; superficial sero-serous silk sutures. Removal of the provisional elastic ligature. Cleaning of the uterus. Iodoform along the suture line of uterus. Dropping of womb into abdominal cavity. Suture of the abdominal wound, and dressing as after ordinary laparotomy. After-treatment, purely expectant in the absence of symptoms."

It will be noticed from this description that his methods are not as simple as they are at the present day. It is not always necessary to lift the uterus out of its bed, making the incision as far away from the cervix as possible. To deliver the child by the feet is the most easy and rapid method. Moist hot napkins should be spread over the intestines, and all wounded surfaces should be carefully protected. It is now established that the elastic cord need not be used on the uterine cervix, but if any one is desirous of being very careful about hemorrhage, it can be done. I do not use iodoform or iodoform gauze in the uterine cavity. The uterine cavity is generally wiped out with wet sterilized gauze sponges, and silver sutures are not used. The after-treatment is according to indications.

As far back as the fifties we have many successful operations recorded in the medical journals. I wish to make a few quotations to show what was done then, which in many ways are very remarkable, considering their knowledge of successful technique at the time, also what nature will do without favorable surroundings.

From the *British Medical and Surgical Review*, 1844, I find the following: "Dr. Loweg was called to the assistance of a pregnant woman who had been ill for a long time. She died shortly after he reached the house. The cesarean operation was immediately performed, and the child, with the placenta, was extracted without delay. The child seemed to be dead on removal. It was put into a warm bath, and artificial respiration was employed. After a quarter of an hour's work the pulsations of the heart were first discoverable, and soon after the child began to breathe."

In the *London Lancet* of 1830, Volume 17, we have a similar case mentioned. "On the 17th day of July, 1830, about 7 o'clock in the morning, the mother was seized with hemorrhage of the lungs. The blood gushed from her mouth and nose, and she died in four minutes after the commencement of the hemorrhage. Five minutes after her death Dr. Huguier performed a cesarean section in the following manner: The incision was made through the skin and linea alba, and the peritoneum was opened from below upwards. The uterine wall was divided, allowing the liquor amnii to escape with some force, and the child was extracted with little difficulty. The pulsation of the child's heart was scarcely felt, the cord was immediately tied and air blown into its mouth. Under this treatment and a warm bath the pulsations of the heart grew stronger, respiration immediately took place, and in thirty days the child was in perfect health."

In the *Southern Medical and Surgical Journal* for 1839 I find the following: "Cesarean section performed for the fourth time success-

fully on the same patient by Dr. Michalis. The third day after the fourth operation alarming symptoms of peritonitis appeared, but speedily yielded to the application of ice and a few doses of calomel. This patient was usually out of bed at the usual time, and her general health was always good. She suckled all her children, and suffered no inconvenience."

In the *New Orleans Medical and Surgical Journal*, 1854, I find a record of the following cesarean section successfully performed by a negress while drunk: "The late eminent Judge Waggoman, many years a member of the Senate of the United States, informed me that an old drunken negress, who acted as midwife on his plantation, above New Orleans, on being called to a black girl during her first labor, which was natural, took a sharp knife, and without any reason to justify her conduct, laid open the abdomen and womb, and took therefrom a living child. The girl speedily recovered, with no other inconvenience except a slight incontinence of urine. The judge vouched for the accuracy of these facts, and pressed me to visit with him his plantation, that I might examine the girl, which, however, I had not then an opportunity of doing. He fell in a duel soon after."

If for any special reasons the uterus should be removed, such as the presence of tumors, sepsis, etc., Porros' method should be used, which is the same as the ordinary abdominal hysterectomy, dropping the stump and immediately closing the abdomen. It should be understood by all concerned before the operation is commenced what should be done. If there are some mechanical obstructions that can not be removed, it is best to have them understand that Porros' operation will be the most satisfactory.

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### TREATMENT OF BRONCHITIS.

By John Albert Burnett, M. D., Dean Spring, Ark.

According to my experience, bronchitis is a hard disease to treat successfully when the ordinary course of treatment is followed that is usually recommended by most writers on this disease. In my opinion the best general all-round treatment for just any and all cases of bronchitis is a mixture of *amphiachyris dracunculoides* (broom weed) and *polemonium reptans* (abscess root). In speaking of *amphiachyris dracunculoides*, Dr. J. M. Massie says: "I have been using this agent for the last six years in a climate where, on account of the sudden changes of temperature, we are subject to all kinds of diseases of the air passages and of the alimentary canal, and I am sure that *amphiachyris* excels all other agents in the treatment of these diseases. In combination with *polemonium* and *lycopus* I get the very best results.

If I have a case of bronchitis, I use amphiachyris and polemonium. If a case of bronchitis where there has been some hemorrhage, I add these to lycopus. Amphiachyris is always the leading agent in my prescription, and often the only agent." Dr. Massie further says: "A man thirty-eight years of age had been troubled for several months with bronchial catarrh; coughed quite a great deal, especially in the morning upon rising from his bed, raising quantities of mucus each day. These conditions continued until the latter part of March, when he had a slight hemorrhage from the lungs. There was a distinct spot in the right lung, in the region of the right nipple, that was very sore, and it was from this spot that the hemorrhage seemed to come. The cough continued, and just four weeks from the time that he had the slight hemorrhage referred to, he had a more distinct hemorrhage, and could determine plainly that the hemorrhage came from the spot in the right lung. There was a burning sensation there all the time, and a tendency to hacking all the time to relieve the accumulation at that spot. He was put upon the following treatment, and being a believer in the physio-medical practice, he followed the treatment persistently: R.—F. E. amphiachyris  $\mathfrak{z}$  iij, F. E. lycopus  $\mathfrak{z}$  ij, syrup lycopus q. s.  $\mathfrak{z}$  xvj. Sig.—Teaspoonful every three hours continuously.

"This treatment was continued for five months, with the following results: There has been no more hemorrhages, soreness at the spot referred to entirely gone, and the cough entirely stopped, and the patient has passed through the entire hot summer and has gained fifteen pounds in weight. He has now gone for two months without treatment and no return of the trouble whatever."

Dr. Massie also says: "In regard to the best form in which to prescribe it, I believe that, as is the case with most herbs, an infusion gives the best results. I used equal parts of amphiachyris and polemonium ground (putting a tablespoonful to a pint of boiling water and steeping it). I gave one-fourth teacup of the infusion every three hours to a bad case of bronchitis, with speedy relief and recovery following. I say I believe an infusion is first. Then I believe that to make a strong infusion, adding sugar to make a syrup, gives the next best results. This, however, will ferment soon, unless four or five grains of salicylic acid be added to the ounce to preserve it."

Another good treatment for most any form of bronchitis or an adjunct to the above is as follows: Put the patient to bed; sponge the back well with soapy water; then with a magnesium sulphate solution apply a bran poultice large enough to cover the entire shoulders and upper back. Let the patient lie on the poultice. Then apply towels, wrung out of a cold solution of magnesium sulphate, on the chest. The

towels should be large and of four double. Change the towels as fast as the breast becomes hot, and continue this as long as the poultice keeps hot. Then take the poultice off and sponge the back and chest with a strong solution or full-strength hot vinegar; dry off, and then apply hot olive oil. This one application often aborts an acute attack of bronchitis. If there is much fever, and for sthenic patients, the poultice can be left out and the olive oil not used. (The way to make a magnesium sulphate solution is to add an ounce of magnesium sulphate to a pint of water.) At the beginning of the treatment in many cases, especially of sthenic cases, an emetic of lobelia will be of great value. The great value of emetics in the beginning of the treatment of various diseases was well known to old writers of botanic persuasion, and many close observers of the present day know their great value in well-selected cases.

Capillary bronchitis can be treated by essence of zingiber, or cloths wrung out of capsicum infusion over the lungs, or by applying stimulating liniment. (Stimulating liniment is made of oils of origanum two drachms, sassafras two drachms, rosemary two drachms, tincture capsicum one ounce, alcohol one pint.) Give internally a combination of equal parts of zingiber asclepias and spikenard. If it is a desperate case, give an enema of zingiber and scutellaria, and substitute capsicum in place of zingiber in the above compound. A good tonic to be used after the attack is specific macrotys and specific hydrastis, each two drachms in eight ounces of syrup of wild cherry bark. Dose, two drachms every three hours.

In chronic bronchitis a flannel cloth can be worn over the chest and frequently saturated with a liniment composed of specific macrotys one ounce, tincture lobelia two ounces, tincture of capsicum two drachms, and alcohol five ounces, or in place of this a combination of goose oil and lobelia. Put ground lobelia in a thin cloth and cook it in the goose oil, or it can be put in the goose oil, and after the cooking it can be filtered. It should be applied warm for quick absorption, and not enough used to cause nausea.

If there is irritation and insufficient expectoration, a combination of equal parts of verbascum comfrey and spikenard with a little lobelia can be given in syrup of licorice.

If the cough is a dry, tickling cough, and for most old people the following is of value, and said to be of value in any cough: Put a tablespoonful of powdered spruce gum in a quart of honey, and place the container in boiling water over a fire and let it boil thirty minutes, then filter. Dose, a teaspoonful as often as necessary.

Another good remedy for old cases is:  $\mathcal{R}$ .—Fluid extract Mexican

sage four drachms, fluid extract osh root one ounce, fluid extract hops two drachms, syrup of licorice six ounces. M. Sig.—Dose, teaspoonful every six hours, or during paroxysm of coughing.

Another good remedy for dry bronchitis is: R.—Fluid extract osh root one ounce, tincture lobelia one drachm, syrup of licorice seven ounces.

A gargle of a solution of potassium permanganate, two grains to a glass of water, is beneficial in most cases, and inhaling the fumes of turpentine, coal oil and vinegar in water is also beneficial.

The homeopaths use carbo vegetabilis 30 in chronic bronchitis.

Ferrum phosphoricum and kali muriaticum are the principal tissue remedies in the treatment of bronchitis.

Calcium iodized is the principal remedy in dosimetric practice for capillary and chronic bronchitis.

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### MUCO-MEMBRANOUS COLITIS.

By Wm. B. Church, M. D., Cincinnati, O.

A common malady, very commonly unrecognized, and rarely treated to a successful conclusion.

Many standard works on practice make no mention of it. Those that do refer to it fall far short of adequate description, and are disappointing in the matter of treatment.

It is frequently considered a sequel to diarrhea or dysentery. Ewald regards it as a neurosis, and declares it extremely resistant to treatment.

The influence of mental states and emotions on the functions of the whole digestive tract is a matter of common observation. It may be that prolonged worry, anxiety or disappointment is sufficient to induce pathological conditions. At all events, when colitis exists, it is much aggravated by mental disturbance. It is a disease of nervous women almost exclusively. The only evidence of its existence is often an unstable nervous system, with no definite knowledge of an underlying cause. Complaint is made of pains which shift from place to place in the abdomen, sometimes sharp and severe, but more often of a distressing grinding character, backache, and inability to stand or walk with comfort; variable appetite, with flatulence and indigestion, constitute a marked feature. The etiology is not fully determined. It is preceded by marked constipation. Some observers attribute it to chronic appendicitis. It is not certain whether the two conditions have a causal or merely incidental relation. Removal of the appendix, however, has been followed by a cure in some cases which were unyielding to other previous treatment. Angulation of the colon from gastropstosis and

nephroptosis has seemed in some cases a probable cause. It is the fashion to ascribe importance to nervous irritation as a factor in the etiology of disease. Many medical men are content to escape the difficulties of diagnosis by free use of the word "nervousness." It is probable the term is overworked. In most cases full investigation will show that the nervous disturbance is an effect rather than cause. Successful treatment requires that the real pathology be ascertained. It must be admitted that the reproductive organs of women have the first place in the doctor's mind. He is predisposed to find them responsible if the complaints of his patient direct attention to the lower abdomen and back. His examination is likely to be confined to the pelvic organs. If the result of his investigation is negative, the presumption has been too strong to be set aside by such failure. It must be admitted that in the disease under consideration the symptoms are similar in many respects to those peculiar to female diseases. These cases are subjected to protracted courses of local and general treatment of the reproductive organs, passing from one practitioner to another for years, and at length reaching the operating table. Many times they continue their old complaints, after they apparently have nothing to complain of, the uterus and ovaries having been removed. Realizing at last the extremity to which they are reduced for reasonable cause of complaint, they suffer on in silence their appointed time. Others have been operated upon for appendicitis, and, although the appendix seemed innocent of morbid appearance, it was deemed wise to remove it, especially as it serves no useful purpose, and might sometime become diseased. In these cases, too, the old pain, tenderness and disability, remained, and to this extent, result of operation was not satisfactory.

It is not claimed to account for all cases that fail to find relief from such operations by contending that such failure is due to such a mistake in diagnosis, but that it has been true in many cases is indisputable.

The symptom pathognomonic is the passage of mucous masses from the bowels. Such discharges often occur at considerable intervals, and may escape in the toilet without attracting attention. So it may happen that a person suffering from a mild form of colitis comes to be regarded as hysterical or hypochondriacal. As her attention has by many medical advisers been directed away from the real trouble, she has been made to believe that all her troubles are due to disease of the reproductive organs. If at times, in one of keen inquiring mind, doubts arise, her medical adviser allays them with a ready reference to the reflexes.

The woman whose ailments have no connection with her sexual organs gets little satisfaction from consulting a physician, and often still less from the treatment prescribed. Try as she may to divert suspicion,

or in any way direct attention to other organs or functions, the doctor brings her back to the pelvis, and fixes her attention again upon those organs which distinguish her to some extent in a state of health, and absolutely when she is ill. There is apparently nothing left the poor lady but to submit to a mutilating operation. By this time, too, she has become desperate, and not only accepts the advice which many eminent surgeons have given, but stipulates that everything shall be removed that can cause future suffering. It is not often that an enthusiastic surgeon refrains from fully executing such a commission. Fully persuaded that ample justification for the operation exists, he does not trouble himself greatly to determine the exact pathology, reflecting that this will be much easier after removal.

A little later the patient is on the table — anesthetized. Assistants, nurses, and perhaps one or more medical confreres, are standing in the arena. The incision has been made, the uterus is seized with vulsellum and dragged into view, rapidly blood vessels are ligated and divided. To retreat now would be a most absurd *contre-temps*; better to sacrifice the unoffending organs, save his credit, secure his fee, and prepare for the next victim, who may prove to be legitimate spoil.

When the prevalence of colitis is understood and more frequently considered, surgeons will have less occasion to explain the colicky pains, which so often continue months and years after celiotomy, by adhesions which require such a long time to be absorbed.

Report of cases, with medical and surgical treatment, must be deferred for the next issue of the JOURNAL.

### INTRA-UTERINE MEDICATION.

By C. Woodward, M. D., Chicago, Ill.

The writer often wonders whether the general practitioner ever compares the resources and indications of surgery with intra-uterine irrigation and therapeutics for controlling diseases and various acquired conditions of the generative organs.

I will cite herewith certain acquired conditions and reflex actions that have occurred in various parts of the system from the effect of disease and irritations of the pelvic organs.

#### *Indications and Resources of Surgery for Removing and Controlling Pelvic Diseases of Women:*

Scirrhus, hard or fibrous cancer of the uterus.	Soft, medullary or encephaloid cancer.
Colloid, or alveolar cancer.	Epithelioma, or canceroid cancer.
Interstitial fibroma of the uterus.	Subperitoneal fibroma.
Submucous fibroma.	Intra-uterine, or pedunculated fibroma.



Chronic ovaritis, from gonorrheal infection.

Subinvolution of the ovaries, due to infection.

Laceration of the cervix, due to parturition and abortion.

Sclerosis of the uterus, or chronic interstitial metritis.

Salpingitis, from chronic gonorrheal infection.

Suppurative cellulitis of the pelvis, resulting in septicæmia.

Pelvic peritonitis, caused by pyosalpinx.

Ante-flexion, due to arrested development.

Phlegmons and fistula of the genital labia.

*Indications and Resources of Intra-Uterine Medication and Therapeutics for Controlling and Relieving Diseases and Acquired Conditions of the Pelvic Organs of Women.*

Metritis, from contracting colds, and other causes.

Catarrhal endometritis.

Cervical endometritis.

Retro-version with adhesion.

Menopause.

Sciatica, caused by uterine reflex irritation.

Uterine prolapsus, due to inflammation and relaxation.

Sclerosis of the uterus, or chronic interstitial metritis.

Menorrhagia, due to ulceration of the endometrium.

Metrorrhagia, following abortion.

Phlegmasia dolens, from injury during parturition, toxæmia, dead fœtus, and enfeebled reparative force.

Ante-flexion, caused by inflammation and relaxation.

Uterine absorptions, resulting in phytæna of the mons venris.

Uterine inflammation and sympathetic reflex irritation, resulting in hyperplasia or malformation of the breast.

Displacement of the ovaries with adhesions.

Subinvolution of the ovaries with adhesion.

Retro-version with adhesion.

Cicatrices of the cervix uteri and vagina.

Pyosalpinx, from infection or catarrhal inflammation.

Pelvic cellulitis, resulting in abscess opening into the rectum.

Intra-peritoneal hæmatocele with clot.

Cysts of the vagina.

Lacerations of the labia.

Salpingitis, due to catarrhal endometritis.

Cervical endometritis, due to exudations from endometrium.

Retro-version without adhesion.

Laceration of the cervix, due to parturition and abortion.

Dysmenorrhea, due to neurosis of the cervical nerves.

Ante-version, caused by inflammation and relaxation.

Menorrhagia, due to defective innervation, shock and reflex irritation.

Menorrhagia, due to erosions of the cervix.

Puerperal infection.

Gonorrhœa of the uterus, or before tubal infection.

Uterine and local infection, caused by absorption of decomposed exudations, resulting in phlegmons and fistula of the genital labia.

Uterine non-secreting inflammation and irritation at the fundus uteri, resulting in insanity, caused by manipulating

Vaginismus, due to inflammation and acrid exudations.

Uterine and systemic infection, caused by retained substances following abortion.

Uterine infection and irritation, caused by suppression of the flow during menstruation.

Uterine inflammation and weakened system, resulting in irregular appearance of the menstrual flow at fifteen, twenty-one, twenty-four or thirty-five days.

Sterility, caused by stenosis of the cervix.

Sterility, from non-infected inflammation of the tubes and ovaries.

Sclerosis uteri, following puerperal metritis.

Subinvolution of the uterus, following parturition.

Uterine inflammation extending to contiguous organs, resulting in complete and incomplete prolapsus of the ovaries.

Uterine inflammation and exudations, resulting in loss appetite.

Uterine inflammation and irritation, resulting in hypersensitiveness and bloating of the abdomen.

Uterine inflammation and irritation, cause of throbbing or nervous pulsations in the head and back of the neck.

attempts every four weeks to induce a flow.

Uterine infection, from retained dead fetus.

Uterine non-secreting inflammation and perverted circulation, causing the menstrual flow to decrease gradually until it ceases.

Uterine infection and irritation, caused by suppressed lochia.

Sterility, caused by acrid exudations from the uterus.

Sterility, caused by ante-flexion, adhesions and arrested development.

Sclerosis of the endometrium, from inflammation and general congestion.

Vaginitis, caused by inflammation and exudation of the uterus.

Subinvolution of the uterus, due to abortion.

Uterine inflammation, resulting in hyperplasia or subinvolution of the ovaries.

Uterine irritation, cause of headaches that occur before and after menstruation.

Uterine absorptions of decomposed exudations, cause of facial eruption before and after menstruation.

Uterine irritation and toxæmia, cause of neurasthenia.

#### EXPLANATIONS.

In giving sclerosis of the uterus, or chronic interstitial metritis, as indicating uterine irrigation, my experience has been that, whenever the uterus was cleansed out every third or fourth day for six weeks to two months, this method controlled the inflammation, and thus prevented further development. Many women who are affected with retroversion will not submit to an operation. Even when adhesions are present, irrigations control the inflammation for a year or two, relieving and intercepting various reflex irritations.

There has never been offered another treatment that can be compared with intra-uterine irrigation for controlling the acute inflammation, hyperplasia, and the constitutional effects that usually result from laceration of the cervix during parturition. By controlling the inflam-

mation and by placing packs around the cervix saturated in antiseptic solutions that keep the lacerated edges in apposition, one-half of the injury can be healed without hyperplasia or indurations, thus presenting the cervix in the best possible condition for an operation. The importance of intra-uterine irrigation as a treatment will be apparent to most physicians when they recognize the fact that the conditions which indicate uterine medication and therapeutics are met with a hundred times oftener than those more advanced diseases that require surgery.

Experience obtained from treating diseases and acquired conditions of the pelvic organs for twenty-five years by the irrigation method, assisted by therapeutical means, has warranted this classification. Those who have never practiced the irrigation method, as given in "Intra-Uterine Medication," through fear, prejudice, or lack of confidence, fail to recognize its wide range of indications and superior advantages for relieving women by controlling inflammations and preventing toxæmia and reflex irritations.

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### ACETANILID.

**By C. D. R. Kirk, M. D., Shuqualak. Miss.**

All new remedies of power, like high water, will sooner or later find their level. It has been the writer's disposition to tackle every new remedy that promises some power for the benefit of the sick, and therefore an aid to the doctor. My experimentations, my studies, my observations for years, like all other M. Ds., can be given in a short article for the JOURNAL, and as some recent writers have touched up acetanilide, and as I use quite a quantity every year, I will devote an article for the JOURNAL to that remedy.

My brother doctors began using it very soon after its introduction, and very soon learned that it was "a power in the land," but not for good in all kinds of cases when administered in large doses; indeed, the writer soon decided that so powerful a remedy should be associated with other medicine that would to a great degree modify the dangerous qualities of it. After experimenting with it, I made a compound of acetanilide seven parts, soda two and one-half parts, tartaric acid one-fourth part, in bulk. My first case was a large, lymphatic young man, who had measles, with high range of temperature, that failed to be controlled by the indicated remedy, veratrum and baptisia. I gave the above compound in a No. 1 capsule, which weighed about eight grains. In a short while, about forty minutes, the fever began to subside, and the skin was bathed in a warm perspiration. The man had become quiet; in fine, all had been accomplished that could be demanded of

medicine. The patient and family, as well as the doctor, were delighted; but I must admit that I could not help desiring that time would fly for an hour or so, as I expected a great storm to follow in the form of blue skin, weak pulse, dyspnoea, etc., but I was very agreeably mistaken. I gave another dose in about four hours, but the fever was very slight. I added one-thirtieth grain of strychnine. The man was soon convalescent. After many trials I had this formula prepared:  $\mathcal{R}$ .—Acetanilide seven parts, soda bicarb. two parts, tartaric acid one-half part. Mix, and make four-grain tablets, with one-sixtieth grain nitrate of strychnine to each tablet.

For the benefit (?) of other doctors and people generally, these tablets are colored blue, but it would be better to have several colors, as people get too familiar with them, and therefore soon will be able to do their own prescribing, to the discredit of the doctor, besides relieving him of his just fee.

I give these tablets for *all fevers*, and regardless of fever when there are remissions or intermissions. My directions are: Give a blue tablet every two hours while there is fever, and every three hours when clear of fever.

Now, I do not expect these tablets to correct torpor of the liver or other glands, neither do I expect them to act as antiseptics, but they will reduce the rapid pulse to normal, or something near that, and hold it there under better control than any other remedy known to the writer. Yet I do not depend solely upon them to control fevers. My plan of treating typhoid fever is to find the antiseptic needed, which is more often Lloyd's echafolta than any other, but some cases demand specific baptism, and some will need sulphite of soda, etc. All of which are alternated with the above tablets. (If the bowels act too freely, I do not believe any remedy will check them more surely than Lloyd's ipecac and aconite.)

What I prescribe in typhoid fever is the same treatment for pneumonia—the tablets all the way through the run of fever associated with the indicated remedy according to specific medication.

We do not know what is in the near future in the way of powerful remedies to control the fevers of this country, but I can safely assert that my treatment as here indicated is superior to anything the writer is aware of. I now order these anti-fever tablets by the ten thousand, and generally use that amount throughout the year. They have almost driven quinine to the wall, and all simple, safe and mild anodynes take a back seat in my practice. But let me add that in the doses usually prescribed, regardless of the strength of the heart's action, by the "regulars," acetanilide will make angels very often.

In addition to the tablets, the antiseptic and sedative, I order cold tea of inside bark of pine or melon seed. Other simple diuretics would perhaps answer as well. I do not try to do too much at first, but gradually reduce the pulse, which will pave the way for all other remedies.

## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.\*

By Harvey Wickes Felter, M. D., Cincinnati.

The history of the Eclectic Medical Institute is the history of the contest for freedom in medical thought and teaching. It is the history of the struggle of a few determined men in their apparently insignificant efforts to build a great institution of learning; it is a history of success in the face of adversities and trials within and without the fold. It is, in brief, the history of the godmother of American medicine. Few institutions can boast of so many graduates in *all* States of the Union, and none can point with greater pride to her alumni. In this brief compass we purpose to sketch her career from the birth of Eclecticism to the dawn of the twentieth century.

The Eclectic Medical Institute was the direct outgrowth of a reform medical movement inaugurated in New York City, in the earlier years of the nineteenth century, by Dr. Wooster Beach. This remarkable man, who is generally conceded to have been the founder of American Eclecticism, has been characterized by a prominent surgeon (a) of opposite faith in medicine as one of the really great men of his day. Thoroughly dissatisfied with the current medical methods as practiced at that time so vigorously and viciously, he labored diligently and earnestly to bring about reform and establish a new school or system of medicine. He had imbibed much from an old German physician of New Jersey, Dr. Jacob Tidd, and from a celebrated botanic physician, Dr. Ferris.(b)

For some time he had practiced medicine with a degree of success not obtainable under the then common mode of practice. Upon going to the great metropolis to follow his chosen calling, he found an obstacle to his advancement. Owing to the severe and arbitrary laws of New York State, making it a penal act to practice medicine except after the manner directed by the dominant body of practitioners, Dr. Beach, in

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\* Portions reprinted from the complete *History of the Eclectic Medical Institute*, 1902, issued by the Alumna Association.

(a) Dr. James R. Wood, of Bellevue Medical College, of New York City.

(b) See Beach's own statement in *Rise, Progress, and Present State of the New York Medical Institution and Reformed Medical Society of the United States*, by W. Beach, principal of the institution: 1830. A rare pamphlet.

order to legally enter into practice, matriculated in, and graduated from, the medical department of the University of New York. Only after such qualification could he be enrolled a legal member of the New York County Medical Society, a requirement also demanded by the State statutes. While a member of this society he attempted to introduce his afterward widely-famed Reformed System. Here he failed to receive encouragement, but, on the contrary, met with the most intense opposition. This led him to emulate the example of the celebrated John Hunter, by opening for clinical instruction, in the city of New York, the United States Infirmary. (c) In this he was aided by some of his former pupils; for he had, since about 1825, clinically instructed students at his house in Eldridge Street. The Infirmary was established as early as the spring of 1827, (d) and subsequently expanded, first into the Reformed Medical Academy (1829), and later (1830) (e) into the Reformed Medical College of the City of New York. The latter flourished until 1838, and was regarded as fully as efficient and as well equipped for instruction as any medical college of that day. It was not, however, classed exactly as Eclectic. Soon after (1829) the establishment of the academy, Dr. Beach, together with Drs. Thomas Vaughan Morrow, Ichabod Gibson Jones and John J. Steele, all regular graduates in medicine, and others, formed a society under the name of the Reformed Medical Society of the United States; Dr. Beach presided. The membership was composed chiefly of young physicians possessed of marked energy and enthusiasm for the new cause. This *national* gathering appears to have antedated other similar bodies in this country. (f) On November 29, 1829, the following officers were chosen for this body: "President, W. Beach, of New York City; Vice-President, John J. Steele, of Fayette County, Pa.; Secretary, Thompson Richardson, of Marietta, Pa.; Treasurer, G. W. Downing, city of New York; Board of Examiners, Thomas V. Moreau (Morrow), Hopkinsville, Ky.; Amzi Sanborn, Parsonsfield, York County, Me.; S. A. Stanley, of Farmington, Conn." (g) At a meeting of this society held in New York City, May 3, 1830, the following resolutions were presented and adopted:

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(c) *Western Medical Reformer*. Vol. I, 1836, p. 5.

(d) See Beach's *American Practice*, Introduction, p. 12.

(e) In the rare pamphlet referred to, printed in 1830, the title page refers to the school as the *New York Medical Institution*, while under the engraving of the college building are the words: "*Reformed Medical College, Eldridge Street.*" The date has generally been given as 1834.

(f) Wilder's article on "Wooster Beach," in *Eclectic Medical Journal*, 1893, p. 117.

(g) *Rise and Progress of the Reformed Medical Society*, 1830, p. 18.

"*Resolved*, That this society deem it expedient to establish an additional school in some town on the Ohio River, or some of its navigable tributaries, in order that the people of the West may avail themselves of the advantages resulting from a scientific knowledge of botanic medicine. (h)

"*Resolved*, That Dr. John J. Steele be sent, on or before the middle of August next, to explore the towns on the Ohio River, from the head of navigation to Louisville, in order to fix upon an eligible site for a Reformed Medical Institution, and in case of failure to proceed further west or south. (i)

"*Resolved*, That any information from the citizens in any of the towns on the Ohio River concerning the location of this contemplated institution will be thankfully received.

"*Resolved*, That those who contribute towards erecting the edifice for said school shall be repaid in full in medicine and attendance by our Faculty; or in the instruction of such young men as they may choose to have instructed in the principles of the new system.

"*Resolved*, That these proceedings be signed by the President, Vice-President and Secretary, and that the editors in the West be particularly requested to give them one or more insertions."

W. BEACH, *President*.

JOHN J. STEELE, *Vice-President*.

WASHINGTON STARRETT, *Secretary*, 93 Eldridge St., New York City.

This pioneer society had among its members men whose names were destined to go down in history as "Fathers of Eclecticism," and to be cherished in the households of a grateful profession — such names as Beach, Morrow, Jones and King.

The progress of empire was rapidly making its way westward, and the great Northwest Territory offered apparent advantages to the far-seeing Beach and his sagacious associates. In 1803, acting for the Scioto Land Company, (j) Colonel James Kilbourne, subsequently to be the stanch friend and promoter of Eclecticism, purchased the town of Sharon, Ohio (a small part of what was originally Liberty Township), after assuring himself that the new constitution of Ohio, just then about to be passed, prohibited slavery. In May, 1804, (k) he laid out the town

(h) *Western Medical Reformer*, Vol. I, 1836, p. 5.

(i) *Rise and Progress of the Reformed Medical Society*, 1830, p. 26.

(j) Formed in Granby, Conn., in 1801. See Howe's *Historical Collections of Ohio*, Vol. I, p. 614.

(k) See Howe's *Historical Collections of Ohio*, Vol. I, p. 614; Williams' *History of Franklin and Pickaway Counties*, p. 419; Martin's *History of Franklin County* (1858). The date has often erroneously appeared as 1803.

of Worthington, located in Sharon Township, and peopled it with emigrants from Hartford County, Conn., and Hampshire County, Mass. Out of the 162 lots platted, each containing one acre, (l) one was to be reserved for the church (the first Episcopal Church west of the Alleghenies), which Kilbourne, who was also a minister, organized, and over which he presided as rector. Another lot was to be reserved for school purposes. Worthington formed a part of the United States military lands, and is situated immediately on the left bank of the Whetstone River (now Olentangy), or east fork of the Scioto, nine miles north of the center of the city of Columbus, (m) on the great northern turnpike. (n) It was beautifully situated, and possessed many natural advantages for a future city. Strenuous efforts were made to have it declared the capital city of Ohio, but its near neighbor, Columbus, defeated it for that honor. From the first settlement of the town, obeying to the letter the articles of association, the very first cabin built was used for school and church purposes combined. Naturally, these settlers, coming from a section of the country where education was prized and schools good, turned their thoughts toward religion and education, and in so doing have left their impress for good for all time to come. Accordingly the formation of this school was followed by the procuring of an act of incorporation from the Legislature, (o) February 20, 1808, for a school to be known as the Worthington Academy. Under this name the institution was conducted "with a good degree of success" until the 8th of February, 1819, (p) when a new charter was granted, incorporating the school as Worthington College. Two years previous to this (1817) there had come to Worthington that afterward colossal figure in Louisiana, Ohio and Illinois ecclesiastical and educational movements, Rev. Philander Chase, who now took charge as principal of the newly-formed college, having already been president of the academy. Having been the year previous elected to the Episcopal bishopric of Ohio, his duties caused him to withdraw from the college, when for a time his son, Rev. Philander Chase, Jr., (q) had charge of it. When the act incorporating the college was passed, the act of incorporation of the academy was repealed. At this time the trustees of Worthington

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(l) *History of Franklin and Pickaway Counties*, Williams' Bros.

(m) The city limits are now only five miles from Worthington.

(n) *Ohio Gazetteer and Travellers' Guide*, first edition, by Warren Jenkins, p. 484; Williams' Bros. *History of Franklin and Pickaway Counties*, 1830.

(o) See *Laws of Ohio*, 1808, Vol. VI, p. 51. The incorporators were: James Kilbourne, Isaac Case, Moses Maynard, Ezra Griswold, Alexander Morrison, Jr., Thomas Palmer, and Noah Andrews.

(p) See *Laws of Ohio*, 1819.

(q) Died at Charleston, S. C., March 1, 1824.



College were: Philander Chase, James Kilbourne, Thomas S. Webb, Chester Griswold, Recompense Stansberry, Chauncy Baker, Stephen Maynard, Ezra Griswold, Benjamin Gardiner, Orris Parrish, Lucas Sullivant, and Leonard H. Cowles.<sup>(r)</sup>

Section I of this charter reads as follows, and is here inserted to disprove the allegations advanced "that the institution has no legal power to confer degrees"; and again, "that it had no charter at all": "*An act to establish a college in the town of Worthington.*"<sup>(s)</sup>

"SECTION I. *Be it enacted by the General Assembly of the State of Ohio, That there shall be a college instituted and established in the town of Worthington, in the county of Franklin, on such lot or lots of land, in said town, as the trustees hereinafter appointed may procure by purchase, grant, gift, or otherwise, by the name and style of 'Worthington College,' for the instruction of youth in all the liberal arts and sciences; in virtue, religion and morality; and for conferring all the degrees and the literary honors granted in similar institutions.*"

Acting upon the conviction that "the great American idea of medicine was to take permanent root" in the "mighty West," Dr. Beach issued a circular,<sup>(t)</sup> and sent it to various points in the West and South, the object being to elicit such information as would enable him to make a judicious selection in locating a Reformed Medical College. Fortunately one of these circulars came to Worthington College. Evidently with a view to municipal expansion, liberal offers were made to rising institutions to locate in Worthington, and accordingly, at the instance of Colonel Kilbourne, the trustees sent an invitation to Dr. Beach, offering him the use of their charter and building for his proposed medical school in the West.

*(To be continued.)*

## TREATMENT OF GRAVEL.

By ELL G. JONES, M. D., New Brunswick, N. J.

There is in New England an herb very common in moist land, having a purple flower, and as it towers far above all the other plants it is called the "Queen of the Meadow" (*Eupatorium Purpureum*). In cases of gravel I have many times prescribed an infusion of the roots, one ounce to the pint of boiling water. Order a half teacupful four

<sup>(r)</sup> Williams' Bros. *History of Franklin and Pickaway Counties*; also *Laws of Ohio*, 1819.

<sup>(s)</sup> *Western Medical Reformer*, Vol. II, p. 210; see also *Laws of Ohio*, 1819.

<sup>(t)</sup> See resolutions of Reformed Medical Society, in *Rise and Progress of Reformed Medical Society*, 1830, p. 26.

times a day where there is a *partial* or *complete* cessation of urinary flow. This is the remedy. I have given it in another form, as indicated:

℞.—Pulv. queen of meadow ℥ i, American Indian hemp ℥ ii, cream tartar ℥ i. Mix. Make an infusion; drink half cupful warm four times a day.

I was called by telegraph to a distant part of the State to see a man whom the doctors insisted upon performing an operation in a case of gravel as the *only* relief for him. I made an infusion of the remedy as prescribed above and gave it to the patient faithfully four times a day. In twelve hours he passed a good deal of gravel and some small stones. I kept him on the above infusion until he stopped passing gravel and could pass his urine freely.

In the many years that I practiced in New England, the queen of the meadow helped me to make some good cures. When there is pus in the urine with blood, and the urine is dark red, I like tr. epigaea repens (trailing arbutus). Ten drops of Lloyd's specific tr. once in three hours will clear up the urine. Lithia water should be drunk with the meals three times a day, or five grains of carbonate and citrate lithia may be given in alternation once in three hours. The above remedies have a tendency to check the formation of the calculus.

I have seen good results from drinking the water red beets had been boiled in. It is a simple household remedy. When there is red sand in the urine and the water dribbles away a few drops at a time and has a strong odor like a horse's urine, I have used with good success a tr. capsella bursa (shepherd's purse), second decimal dilution, ten drops every three hours. This remedy is especially indicated in old people.

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### POLITICS IN MEDICINE.

By Otto Juettner, M. D., Cincinnati, O.

The subject I wish to present to the readers of the ECLECTIC MEDICAL JOURNAL, while it primarily and principally concerns the profession of Cincinnati, is so typical of certain conditions to be found everywhere, that it is bound to appeal and be of interest to every thoughtful physician. Considering that Cincinnati is the cradle and the home of Eclecticism, the subject ought to be of additional interest to every one who has a warm spot in his heart for the old and ever-vigorous Alma Mater.

Among the various medical institutions that have shed and are shedding more or less luster on the

"Queen of the West,  
In her garlands dressed,  
On the banks of the beautiful river,"

the Cincinnati Hospital, by reason of its size and its municipal character, ought to occupy a foremost place. Whatever reputation and success it has enjoyed and is enjoying as a medico-educational institution is in no small degree due to the old Eclectic Medical Institute, that has sent thousands of its students to the amphitheater of the Cincinnati Hospital. The latter is a public and municipal institution in the sense of being a public hospital supported by the city of Cincinnati for the indigent sick. In a professional sense, it is neither a public nor a municipal institution. It is owned and conducted by a close and exclusive corporation of about twenty-five doctors that pose as the representatives of the medical profession of Cincinnati. Every professional advantage, privilege and prestige that might accrue from this public institution has been and is claimed, owned and monopolized by the aforesaid self-constituted corporation. Every taxpaying member of the profession contributes to the support of the institution, but there his connection ends. He must do his *duty* as a taxpayer, but professionally he has no corresponding *right*. He is practically disfranchised, as are nearly nine hundred physicians in Cincinnati who have as much or as little to say in regard to this public hospital as the lowliest and least interested layman. The aforesaid corporation, consisting of a few political wire-pullers and a coterie of medical men whom they control, is the absolute and exclusive owner of this great public institution. These men have been in control for many, many years, fortifying their position by skillful political machinations. Twentieth-century progress, that has left its traces in all lines of human endeavor everywhere, has not found its way through the tightly-closed portals of the Cincinnati Hospital. The same dingy and stuffy atmosphere of reactionary bigotry and selfishness pervades its corridors now as in the days long past. That typical American principle, "Equal rights for all and special privileges to none!" is unknown in this citadel of professional gang-rule. In view of this state of affairs it is not surprising that the scientific work done at this institution is practically *nil*.

The friends of the city's interests and of medical education have made several unsuccessful attempts to put an end to this medieval condition of things. They have tried to break up a system which enables mediocrity, nepotism and political influence to serve as stepping-stones to professional prestige. They wanted to see the Cincinnati Hospital thrown open to the *best* men in the profession, not to the most successful political doctors. They wanted to give back to Cincinnati her rapidly-waning glory as an educational center. All attempts have failed. The three so-called Medical Directors who make the staff appointments are the tools of some of the very men whom they appoint. The annual

election of staff members is a constantly re-enacted farce-comedy, in which the same stage managers and the same characters appear. The last performance took place Thanksgiving week, 1906, and will be remembered as a most nauseating instance of gang-rule politics in medicine. Again the civil-service idea was defeated by the medical bosses and their puppet tools.

I do not wish to be understood as saying that there are no excellent men on the staff of the Cincinnati Hospital. There certainly are. They, however, are not on the staff because of their professional excellence, but because the "bosses" think well of them. There are equally as good men in Cincinnati who could not get on the staff in a thousand years. Mediocrity is well represented, as even some of the members of the staff readily admit.

The good and just cause must and will triumph in the end. Progress, which is marching on to victory in all other large towns in this country, can not be blocked for all time to come. We will continue to fight for professional ideals. No faction shall control the municipal hospital of Cincinnati. Every physician shall have an equal chance to enjoy its professional advantages. His passport shall be professional ability and honesty, not pull, political and otherwise. The medical directors of the hospital shall be *above* all factions, and shall be men who could not get down to the level of being the tools of any boss, clique, school or faction. The Cincinnati Hospital shall become a scientific institution in the best sense of the word, and shall reflect credit upon the city that supports it. This is the cause we are fighting for. We will eventually win, or — by the eternal gods! — there will be no rest for — some people.

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### **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

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#### **NOTES ON THE EYE.**

**HYDROCYSTOMA.**—Small, translucent blebs or cysts, filled with a clear, watery material. They are occasionally found, and are at times annoying to the patient. They are formed by the closing of the duct of a sweat-gland.

**Treatment.**—Puncture of the bleb, or snipping off the outer portion of the sac.

**URTICARIA OF THE LIDS (HIVES).**—This condition not infrequently involves the eyelids. The symptoms and appearance are the same as when occurring elsewhere. Gastric disturbance is the most frequent

cause. Oliver reports urticaria resulting from eye strain or faulty correction of refractive errors. Cnidosi, the chronic form of urticaria, is especially intractable to treatment.

*Treatment.*—In the acute form, due to gastric disturbance, if the stomach contains undigested material, an emetic, preferably of ipecac, and followed by a brisk cathartic to unload the intestinal tract, should be employed. *Rhus tox.* is frequently indicated, and also gelsemium.

In the chronic type, *jaborandi* is most often required.

**DERMATITIS MEDICAMENTOSA.**—The internal administration of arsenic, belladonna, copaiiba, iodoform, potassium iodide, many of the coal-tar derivatives, quinine, etc., may cause a dermatitis of the lids.

*Treatment.*—Cessation of the drug, and such local measures as will protect the surface from the air, are all that is required.

**CHLOASMA.**—A pigmentary hypertrophy, not infrequently resulting from pregnancy or uterine disturbance. The eyelids may be the seat of the lesion.

*Treatment.*—Unsatisfactory. Irritating applications are to be avoided. A five-per-cent. salicylic acid ointment may prove efficacious.

**HERNIA OF ORBITAL FATTY TISSUE.**—As the result of atrophy of the external supporting tissues of the orbital structures, or from trauma at any age, the tissues may be so weakened as to allow protrusion of the orbital fatty tissue between the orbicularis and skin. The hernia can be easily reduced by pressing it backward, but will not remain in place. If of such size as to cause deformity, the protruding tissue may be excised, making the incision through the orbicularis parallel with its fibers.

**SOLID EDEMA OF LIDS.**—In this condition there is an excessive enlargement of the lids, especially the lower lid. The swelling may obliterate the palpebral fissure, and is soft, elastic, and pits on pressure. The color is a dusky reddish-brown. Often follows erysipelas. Infrequently tuberculosis of the conjunctiva results from this condition. The supposition is, that it is a recurrent lymphangitis.

*Treatment.*—Unsatisfactory, but *phytolacca* or *iris* will give the best results.

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### ACUTE CATARRHAL INFLAMMATIONS OF THE FRONTAL SINUS.

Sinus complications are comparatively frequent in catarrhal conditions of the nose, and la grippe is an important factor in morbid nasal inflammation. After the age of twenty, when the frontal sinuses are usually fully developed, implication of the frontal sinus is often an annoying and painful complication, and is often overlooked in treating the patient.

The pathology is practically the same as that of an acute catarrhal inflammation of the mucous membranes elsewhere.

*Symptoms.*—Often there is so little disturbance in this region that the symptoms are overlooked. Pain is usually the most pronounced symptom, and may precede, be coincident with, or follow the nasal manifestation. One or both sinuses may be involved. The pain varies, and may be dull, severe, or acute and neuralgic in character, and localized to the frontal region. Coughing, blowing the nose, inclining the head downward, or cardiac stimulants increase the pain. A sensation of fullness and weight in the forehead is complained of. Tenderness along the course of the supra-orbital nerve is usually present, and reflex eye symptoms are often annoying. Nausea and vomiting often occur.

*Treatment.*—Locally, the use of cotton tampons, saturated with glycerin, carried as high as possible in the nasal cavity of the affected side, will often afford relief by depleting the nasal tissues, thus allowing the accumulated secretions to escape.

Internally, gelsemium will be the basis of treatment. Bryonia, pulsatilla, hamamelis, hydrastis or phytolacca may also be indicated. Saline cathartics are valuable, and should be used to keep the bowels moving freely. Occasionally morphine or cocaine may be required, but only in exceptional cases.

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### Periscope.

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#### NEGLECT OF THE ACCOUCHEUR.

An article recently appeared in one of the leading gynecological publications in which the writer gives it as his opinion that "not one woman in twenty, especially those who have had children, are in a normal condition." That there is much of truth in this statement is certain, and we believe it is largely due to too early dismissal of confinement cases by the physician, more especially to want of proper management during the time the patient is under the physician's care. There are still excellent general practitioners who pay as little attention to whether there is a rupture of the perinæum after labor as did midwives, while as to laceration of the cervix, not one physician out of ten inquires after a labor regarding that point.

All authorities agree that in every case where there is laceration of the perinæum it should be repaired at once. The immediate operation for laceration of the cervix should not be done except in severe cases where there is danger from hemorrhage. But if the cervix is supposed to be injured, strict cleanliness and vaginal antisepsis should be kept up

for days subsequently by the use of the douche and the introduction against the cervix of a suppository of iodoform. After closing the tear in the perinæum a pad of bichloride gauze should be applied, and the urine drawn every six to ten hours with a catheter that has been boiled since last it was used.

If the uterus shows a tendency to remain large and to fall backward, we believe that a pessary should be worn for two or three months, on the principle that a "stitch in time saves nine." If there is any leucorrhea, backache, or other symptoms, the patient should be kept under observation until the physician feels assured that the pelvic organs have returned to a normal state.

It is not uncommon, we fancy, to mistake mild forms of septic infection, which might lead to abscess of the broad ligament, etc., for difficulties connected with lactation. We believe, also, that the majority of cases of pyosalpinx in married women have their origin in labor or abortion, and it is unnecessary in these patients, as a rule, to seek a cause in gonorrhea.

There is no doubt that on the one hand too many of these cases are left to nature or to an incompetent nurse, while on the other hand there is often altogether too much done, either by the physician or the nurse, for the patient's good.

The circumstances in the case can alone determine the proper time for the withdrawal of the immediate observation of the physician. The patient should be informed immediately of the presence of lesions or of the danger of complications. By thus exhibiting a watchfulness and a desire for the patient's speedy restoration, the physician may avert any after displeasure that would result from his apparent neglect. Most people like to feel that they are entitled to, and are given, the best of care.—*Massachusetts Medical Journal*.

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## TYRANNY OF THE TELEPHONE.

While in the case of the physician the telephone has brought many comforts and in certain particulars has made life easier, there are other and more unpleasant aspects which are to be considered. The public has from the first entertained the opinion that advice over the telephone is free, and hence the physician is called upon at all hours of the day and night to give advice which under other circumstances would form a part of the office consultation or house visit. It must be admitted, however, that some advantage accrues to the physician when in this way long rides in bad weather or at unseasonable hours can be avoided. It seems but right and just that any professional advice of importance,

no matter how given, should be paid for, and some definite action toward the proper regulation of this practice should be taken by the profession. An English paper, in commenting upon this subject, says:

"They have felt the tyranny of the telephone, groaned under it, suffered from it, and would be glad to obtain relief from it. In any circumstances there is little peace for the medical man, for sick persons and their relatives are often lacking in consideration; but the constant resort to the telephone on the part of patients whose illness is often more imaginary than real, has greatly added to the doctor's worries without augmenting his income. How to remedy the evil is another matter; and we are afraid that unless or until a code of ethics of the telephone is recognized and as scrupulously observed as any other amenities of modern society, it is likely to increase rather than to diminish."—*New England Medical Monthly*.

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### MORE OSLER BOSH.

"'After a man has drunk of life to the limit he ought to be thrown into the scrap heap,' said Dr. Wood Hutchinson, head of the Red Plains Sanatorium in California, at the American Medical Association Convention this week. His remarks caused a stir, and started a lively discussion at a conference of the American Academy of Medicine, for many of the physicians were of advanced age.

"'It is a lamentable spectacle,' said Dr. Hutchinson, 'to see an old man clinging to life with determination when his faculties are greatly impaired. He is only occupying the place that should be given over to a younger man.'"

It seems that Dr. Osler's suggestion impressed itself seriously upon the minds of a great many, and among them men who should be less sensitive to wrong impressions, men who from their life's work are pledged to encourage, strengthen and prolong life rather than to discourage and shorten it. We can not help but wonder if, when they reach a good old age, these same men will not look back through wiser eyes and say, "What a presumptuous philosopher I was!" Each year that most of us live we can look back on a past that has been dotted, dashed and splashed with mistakes, and I believe most of us are wiser for that retrospection. If one leads a blind life with no effort to beautify his character—lives simply to gratify selfish desires—then we may agree with Dr. Hutchinson. But this is not the natural intent of life. We are here to develop, to progress, to see, to know, to understand. Spiritually and mentally, youth and middle age are the most vulgar periods of life. Their leading questions are, amusements, appe-



tites, and display. If life contains nothing more than these, then an early death might be acceptable to the majority. We hate to think that life is a comedy of two acts, and both inclined to be bad. Let us acknowledge a period when man, if God grants, may round out his life in that full spirit of goodness that is only possible when the temptations of life have withdrawn their most fierce forces. To us there is nothing more beautiful than the aged, and ours is not the child's phantom of bewhiskered wisdom. We figure that they have lived, loved, hated, succeeded and failed — and remember the trail. Their physical or mental actions may be slower, but they are more precise, and where may we find a more generous and forgiving spirit than their's? Nowhere — *They know*. In our own profession we have the aged, and we should not allow them to drift into inactivity through the prejudice of some toward old age. Physically they may not be able to stand the tortures of a busy practice, but they are valuable to us as consultants, and it is but a fitting compliment that we should use them in this capacity. We need not flatter ourselves that it is an act of charity either; they should be, and likely are, capable of rightly advising us.—*The Medical Counselor*.

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#### THE METRIC SYSTEM.

\* A popular crusade against the metric system now seems likely as it is suited to the scientists and laboratory workers only — a very small part of the nation. This is of much interest to the medical profession, or at least the practicing part of it, not the laboratory part, for the grain and ounce also are sizes which have grown up by a gradual evolution because they are just what the practical man wants, and in prescribing they are more easily understood by the vast majority of patients. There is, therefore, a growing impression that the metric system is not so well suited to our medical needs as we once thought. This new development of an engineering opposition to any change, being backed by business interests involving billions of dollars, is likely to prevail, so that if we do use the metric system, we will be always inconvenienced by having two standards in which to think. It is a matter to which our teachers of pharmacy should give some solid thinking to save the time and nerve strain now caused by thinking in two systems.

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#### RECOVERY FROM WOUNDS.

The early recovery from wounds caused by modern small-caliber rifles has now been commented upon for ten years, but the far-reaching consequences of this one fact are just about dawning upon us. Accord-

ing to *The Army and Navy Register*, Dr. Zoge, a surgeon in the Russian army, recently reported to a surgical congress in Berlin that shell wounds were generally fatal, shrapnel wounds dangerous, but that rifle wounds often, if not generally, healed. Incidentally he mentioned that the wounded could not be treated in the firing zone, but had to be removed far in the rear or to hospitals on the lines of communications. Plans to do this are now being strongly urged by our own medical officers in spite of considerable opposition. The old system of well-equipped mobile field hospitals, where everything could be done, had to be abandoned. Dr. Schafer, a German military surgeon, stated that the total and proportionate number of fatal injuries was about the same as ever, but from the large number of small bullet wounds inflicted, the percentage of early recoveries was remarkable. In some regiments seventy per cent. of those wounded at Mukden were again in ranks within three months. This is the startling surgical fact bound to modify future warfare.

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CHLOROFORM WATER AS A HAEMOSTATIC.—"Spaak (*Le Journal de médecine*, September 16, 1906) has used for several months chloroform water as a hæmostatic agent. He found it superior to all other styptics, and recognized the following advantages: It acts with marvelous rapidity. It has not the slightest disagreeable taste or odor. It is not escharotic. It is cheap and easily obtainable, and can be made as required. It is not unpleasant to apply and does not interfere with the surgeon in his operations. The solution he recommends is two per cent., in simple water, as the menstruum."—*New York Medical Journal*.

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In dealing with secondary hemorrhage from the rectum (whether bleeding vessels are tied or not), it is better to tampon with gauze wrapped about a piece of stout rubber tubing, than with gauze alone. The tubing allows any further bleeding to show itself externally at once, it allows the escape of flatus, and affords means of introducing an oil injection to facilitate the removal of the tempon later.

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# ECLECTIC MEDICAL JOURNAL.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.

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## NEW YUR (1907).

Say, Doc, does it occur  
To you that we ain't fur  
From that resolvin' time—New Yur?  
An' what you goin' to do about it?  
Goin' to try to mend yer ways a bit?  
Goin' to turn over a bran new leaf  
An' make yerse'f plum deef  
To the appeals of them-air galoots  
Which they blow in on their regular toots  
The scads that's over-due  
To you?  
Goin' to harden yerse'f in a bizziness way,  
An' quit servin' them as never pay?  
Does it strengthen this resolve when you recollect  
Them thrifty porpors, which they'd collect  
The bottles you'd furnished free medicin' in,  
An' bring 'em to *scil* back to you agin?  
Made you lose a leetle of yer religion for a minit,  
So that you cussed for all that they wus in it,  
For naicherly you *hed* to unload  
Er jes' teetotally explode!  
An' all the other hundred things  
That brings  
The blush of shame,  
For the sake, an' in the name  
Of decency.  
An' pore humanity!  
Will you shake it all, an' tell  
The hull durn shootin-match to go to—well,  
Wher most of us will go to,  
If orthodoxy's true?  
You bet your life you won't  
Do nothin' of the kind! You don't  
Been built that way. Yer past,

Soaked with kindnesses, will last,  
 An' turn itse'f into the fucher, an' New Yur you'll begin  
 Repeatin' yerse'f hard as you kin!  
 The onery cuss,  
 Which he beat you wuss  
 Than ever the last time he  
 Had a doste of gonorree,  
 Hez a kid, mebbe,  
 Which it's sick with pneumony  
 Of the lungs. For *pity's* sake,  
 You'll jes' take  
 An' do your level best  
 To restore it to its mother's breast,  
 Knowin' well you'll never git  
 A cent for it!  
 An' so you'll go  
 Clean th'ough  
 The rest of life that's left to you,  
 A doin' of some deed each day;  
 Such as wipin' the widder's tears away,  
 Er quietin' the orphan's cry,  
 Er lookin' hope into the tear-dimmed eye.  
 So, helpin' ever with yer gentle arts,  
 A healin' disease an' bleedin' hearts,  
 You'll do both your own an' the preacher's parts,  
 For you've learnt well the precious lesson  
 That love is the great and crownin' blessin'.  
 You'll vote yerse'f a fool at times  
 For lettin' your' heart beat you out'n your dimes,  
 But bein' a *true* doctor in faith an' sperrit,  
 An' trustin' to the outcome of honest merit,  
 You'll keep on givin' second place to pelf  
 Till the Lord God snatches you back to his-self!

COOPER.

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### THE NEW YEAR.

There are few who think of the possibilities that will be either utilized or wasted in the passing of the three hundred and sixty-five days destined to follow January 1st, 1907.

To each of us the day that closes will be what we try to make it. To a greater extent than most people seem to think do we thus make of life success or failure. Could we but realize how much we have it in our own hands to do better or worse in life's journey, greater care would we take in the passing along.

But it does very little good to moralize on these things unless it be to put a thought in the right place that to others and ourselves may become a motive for renewed exertion and earnest action.

In a medical point of view, that which should take precedence this year is a *re-study of our materia medica along the line of specific medication and specific diagnosis*. Optimistic thought and helpful action is needed, not pessimistic inertia and lethargy.

Intimately associated with this idea of specific medication re-study is the giving of the *single* remedy in the *smallest* dose consistent with its *medicinal effect*.

Twelve editors and thirty-two special contributors will help THE JOURNAL to actively engage in this work for 1907. But we must have the assistance of three thousand subscribers also. Each can, by means of his cases in practice, show his brethren the advantage of Eclectic medication as applied to a study of new drugs and the re-study of old remedies.

It is a mighty work, the field is broad. But we can and we must materially add to the excellent reputation the Eclectic School has made in the past *eighty* years. Let us then plan systematically for *consistent* work in the next decade.

Promising that THE ECLECTIC MEDICAL JOURNAL will do its utmost to serve its purpose in furthering the cause, and that our contributors will unite to make each page a prize in itself, we shall close by extending to each reader our best wishes for a happy Holiday Season.

SCUDDER.

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### CHICAGO UPHEAVAL.

We understand that there has been a reorganization in the Bennett Medical College lately, which has resulted in the withdrawal of Professors Ellingwood, Farnum, and others of the old Faculty. Professor Graves had been compelled to resign previously because of ill health.

Dr. John Dill Robertson, formerly connected with the American College of Medicine and Surgery, has been chosen Dean. Dr. D. A. Stevens was selected as editor of *The Chicago Medical Times*, displacing Dr. Ellingwood.

We regret very much to learn of this situation, and greatly fear that it may have a bad effect upon Eclecticism in general in Illinois and Chicago. Not knowing the ins and outs of the entire transaction, we are not in a position to offer either criticism or advice.

On January 1st Dr. Ellingwood will issue an Eclectic medical journal of his own, entitled *Ellingwood's Therapeutist*. It will be published at \$1.00 per year, and be issued from 100 State Street, Chicago. He writes that he will present "single truths from many doctors and many truths for each doctor," and that it will be a monthly journal of

direct or specific medication. We trust that Dr. Ellingwood will meet with all the success and encouragement which he deserves.

SCUDDER.

### OPSONINS AND THE OPSONIC INDEX.

Without doubt the most absorbing theme in the scientific research field of regular medicine to-day is in relation to the theory of opsonins and the opsonic index. While it is largely yet theory, with but little history of practical application, it remains to be seen whether or not it will be placed side by side with other equally plausible theories in the mortuary urn of hopes blighted.

Prior to some forty years ago the office of the white blood corpuscles was practically unknown. Since then, and up to a very recent date, it has figured as the chief actor in the beautiful theory of the defense of the blood against bacteria. Here the leucocyte, as it was called, was announced by Metchnikoff as the resister of invasion by the pathogenic germ, and this theory gradually became more and more accepted, until it was thought that these conclusions were final. This theory of phagocytosis (from the Greek, meaning *to eat cells*) was based upon the discovery that certain cells of the body had the power of engulfing and ingesting foreign bodies. The chief among these cells were the polynuclear leucocytes. To these Metchnikoff later gave the name *microphages*, while to other leucocytes and cells showing phagocytic power he applied the term *macrophages*. Metchnikoff's contention is, that war is on between the pathogenic bacterium and the phagocyte, in which either may be the victor. The function of the leucocyte and other phagocytic cells is to constitute an army of defense against the invading bacteria. Victory or recovery is accomplished by the surrounding or engulfing of live bacteria by the leucocyte, which thus restricts the progress of and imprisons them, thus limiting or restraining their power to do harm. It has been known now for some time that there are in the body substances possessing anti-bacterial action upon disease, in infections particularly. The position of the bacteriologist and the leucocytologist now seems assured; at least a large proportion of the profession accepts that diseases are produced by pathogenic germs, and that the phagocytic action of leucocytes is not a myth.

Until quite recently it has been thought a settled fact that the leucocyte was practically alone in its role as the "defender of the blood." In 1895, however, Denys and Leclef announced that the blood serum had an effect in furthering the process of phagocytosis by the leucocytes—that there existed in the blood serum substances which so altered the bacteria as to permit the leucocytes to more readily engulf

them. This they showed by immunizing rabbits, and the animals so treated resisted the bacteria first by the direct action of its serum; and, secondly, by the leucocytes, which gained their power to begin action from the same source. Other investigators have shown that "sensitizing" bacteriotrophic substances exist in the blood plasma, which so modify it as to produce active phagocytosis, and that these substances do not act upon the leucocytes. At least four properties have been attributed to these, viz.: agglutinin (causing the clumping of bacteria), lysin (dissolving of bacteria), bactericidal (germ-destroying), and opsonic (sensitizing of bacteria). The most interesting of these are those exhibiting the last-named power, the opsonins.

What, then, are the opsonins, and whence the power of the leucocyte in phagocytosis? So far but little has been determined regarding the source of opsonins, nor has their nature been satisfactorily determined. The majority of those who have studied them agree that they exist in the blood serum and not in the leucocytes, which is opposed to Metchnikoff's belief, that the latter furnish opsonins to the blood serum. The most that is known of the opsonins is concerning their action and effects. It appears that their action is to battle against the offending bacteria, and so worst them that they are readily captured and carried off the field of conflict by the leucocytes. In this role they are the actual fighters, while the leucocytes play something of the part of the scavenger.

The name *opsonin* was applied to this bacteriotrophic substance by Prof. A. E. Wright and Stewart R. Douglass in 1903, and is derived from *opsono* (a Greek word, meaning "I prepare food for"). It was given in recognition of the power of the opsonin to prepare bacteria so as to render them as easy prey to phagocytosis.

What, then, have the opsonins to do with the treatment of disease? Professor Wright, who seems to be in the lead in this study, shows that opsonic action occasioned by the opsonins existing normally in the blood is less powerful than when produced by the inoculation of definitely-measured cultures of bacteria of the kind producing the infection treated. These raise the opsonic power of the blood, and thus assist the process of phagocytosis to such a degree that the bacterial invaders are overcome and engulfed and recovery favored. That harm may be done by too active treatment by such inoculations is admitted, but it should be the aim, the investigators claim, when possible to raise the opsonic power of the patient. This is arrived at by determining the opsonic index of the person treated. If a blood examination of a patient, under treatment by inoculation, shows that a single leucocyte has engulfed twenty bacteria, whereas before treatment the normal finding was the engulfment of but ten, the patient's opsonic index is said to be 2, 1 representing his normal opsonic index.

The object of all this experimentation is to find vaccines or dead cultures of bacteria to act upon the blood serum to heighten the opsonic index of the patient. As phagocytosis for certain bacteria depends upon certain opsonins, the object is to bring about the proper conditions for the destruction of the bacteria present. Thus far opsonins have been found for the bacillus of typhoid fever, spirillum of Asiatic cholera, bacillus coli communis, bacillus dysenteriae, bacillus pestis, diplococcus

None has been found for the germ of diphtheria.

pneumoniae, micrococcus melitensis, and staphylococcus pyogenes aureus.

Thus we will have added to our medical lexicography the following:

**OPSONINS** [op'-so-nins] (from the Greek opsono, "I prepare food for").—That constituent of the serum of the blood of a normal animal which renders bacteria prone to be absorbed by the leucocytes in phagocytosis.

**OPSONIC** (op-son'-ic).—Pertaining to opsonins.

**OPSONIC INDEX**.—The numerical ratio of the opsonic power of normal blood serum to that which has been produced by the injection of dead cultures of bacteria in the same individual.

The medical world will now await the outcome of this interesting problem. As yet the methods employed are too cumbersome to be of general use, and few are they who have as yet given it their unqualified approval. Many expect it to go the way of already unsuccessful methods of treating disease, yet no one can say that such investigations are not without some value, if only of purely scientific interest.

FELTER.

## HETEROGENEITY VS. HOMOGENEITY.

My attention has been called to the following, taken from *The Medical Forum*:

"ARE THE HOMEOPATHISTS AND ECLECTICS READY TO BE SUBJUGATED, AS SCHOOLS IN MEDICINE?"

"We quote some pertinent remarks on this point from the *Pacific Coast Journal of Homeopathy*:

"The gist of the matter, the life of the entire question, lies, *not* in what our old-school friends think of us personally, but their attitude toward us homeopathically. So long as they have no respect for homeopathy itself, but are merely willing, or even anxious, to have us go into their district and county organizations, we must, as men of sense and out of respect for the habits of polite society, go in, if at all, with a ready and unqualified acceptance of the fact that, while nominally with them, we are with them on tolerance, and we must, for the time being, forget that we are homeopaths in therapeutics. \* \* \* Our friends of the old school can afford to be generous in this matter, for they take absolutely no chance; they can not be the losers, and they have the con-



solation of knowing that every such member gained, if of no great value to themselves, weakens the homeopathic organizations just that much.'

"There is more than a latent fear in the minds of those of our professional brethren who possess both the power to think and to foresee coming events by the shadow they cast before, that the final result of this union would be the dissolution of our school as an independent and influential body. There could be no more fight for our law; for the preaching of sectarian medicine would be prohibited. What would become of our colleges? And that long list of medical journals, now a credit to our school, where would they be? It is a known fact that without medical journals and well-equipped colleges there would be no possibility of any aggressive work for the promotion of the cause we stand for."—*The Medical Forum*.

What an infernal monotonous world this would be if everybody were floating on muddy water in ocher-colored canoes, and all going in the same direction! What ennui if everybody believed the same things, and no one gave a continental rap whether there was anything new under the sun or not! Wouldn't it seem strange if everybody's name were to be changed to Jehoachim? I for one should stoutly insist that I be let alone with my paternal cognomen.

Speaking about this absorption business, I believe in fraternity; but I do not believe in homogeneity. I see the natural world all tending to heterogeneity. I see little in nature but conflict, and I can see no reason why Eclecticism should seek to obliterate itself by hiding in the folds of somebody's cloak. I do not believe an ass's skin would add to our respectability in the least.

I have never believed that a smooth homogeneous mass is desirable. There must be some sharp corners to rub up against. All nature is in eternal conflict; why should doctors wish to be different? All improvement has gone forward through conflicting thoughts and opinions. The opposing forces in the domain of thought have been active, unceasing, and sometimes violent. The struggle is almost interminable, as old ideas tend to become fixed. They entrench themselves behind the breast-works of *authority*, and there use all the arts of strategy to overcome an adversary. To lay down one's arms is to lose the battle, and a flag of truce has been used to toll an enemy within reach in order to destroy him. Better keep your arms where you can get at them in case of need.

Take any of the great movements in human life — religion, politics, medicine. Had neither of these met with opposition, strong, determined, destructive opposition, it never would have gone forward. Take religion; where would it have been if it had not been for Wickliffe, Huss, Luther, Wesley, and the others? Would you have the followers of the reformers absorbed by the Catholic Church? Would it be a good thing for humanity? Take politics; would you like to merge your free-

dom with that of Russia? And medicine; if there never had been a protest against the ancient superstition of the priest-physician, the present-day æsculapian would still cover himself with the skins of wild beasts and dance around the bed of the dying, muttering idiotic incantations, chattering baboon-like, and by the beating of tom-toms affect to drive away the evil spirits which he believed possessed the victim. But a protestant arose; a conflict began which shall not cease until this old earth of ours shall cease to move and become once more a Word. The battle which then began has continued on down through the centuries, and the battle-ground is strewn with the bleached bones of the dead — not the dead bodies of men, but the dead and forgotten ideas of the past. This all came about by a struggle, hard and fierce.

Let us be reasonable; let us think, and thinking, we will readily see that the tendency is to separate and not to combine; for while combination is possible for a time, ultimately separation takes place again. If it were possible at this time (which it isn't) to combine all schools of medicine, it would not last; the combination would explode and sectarianism spring up again.

I believe in sectarianism, but with it all let us be sociable while maintaining our dignity. To permit the destruction of our sect would be to admit we had nothing to maintain.

I do not believe we have anything to fear. I do not think the old school can absorb Eclectics; and while I do not speak for the homeopaths, I do not believe they can be absorbed. It is true we, as well as the homeopaths, have men who are tiptoeing to look over the fence, but they are few and not of full stature. We wish they wouldn't do it. We are sorry they were not born with a spinal column, but if they were not, it is perhaps no fault of theirs, and we can only say, peace go with them. However, in the ranks of Eclecticism there are men who have faith in their school, and are willing to be metaphorically crucified for their belief.

Some there are who are lonesome; they believe in big families, and are willing to renounce their mother if they are permitted to play with the big boys of their neighbor's family. Thank God there are not many, and we can spare them. We feel sorry for them, because they are of our flesh and blood; were born under the same roof as ourselves. But if a brother is weak and errs, then what? If he is too weak to stand alone, will the big boys help him to brace up? I hardly think so. They are more apt to twit him about his bandy legs.

No, no, we still have a work to do, for Eclecticism is not complete and full-grown, and when it is, mark my words, the man who has been "faithful over a few things will be made ruler over many things," and will have no cause for complaint.

Every profession or society has weak-kneed brothers, pessimists, distracters and wanderers, who are never content with their own, and would not know what to do with the other fellow's if they had it. They say and do things which play into the hands of their enemies. In other words, there are always a number of soreheads in every body of men; but while they do harm, as does the fly in the molasses, they eventually turn up their toes and die, or pull themselves out of the entangling mass to spend the rest of their days trying to get the sticky stuff off their feet.

We are not going to have a funeral just yet, for Eclecticism is not a corpse. The seed have been sown; some have taken root, although some have fallen on stony ground. There are not enough tares to destroy the seeds that have taken root.

STEPHENS.

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### MALNUTRITION.

It appears to be the consensus of belief among most writers on pediatrics that marasmus is an institutional disease, found only to any extent in foundling asylums and children's hospitals. Nothing could be further from the truth. Many aggravated cases are found in private practice, not only in cities, but in rural districts, where good, fresh cow's milk is always to be had.

Its causes here are practically the same as are encountered in city practice. In the breast-fed infant it is a lack of quantity, rarely of quality. In the bottle-fed it is either from improperly-modified cow's milk or the use of a proprietary food; with its attendant evil, a rapid change from one to the other, with the hope of securing one that will agree. At times an attack of gastro-enteritis may have preceded the condition, or have been the exciting cause. In older children, improper food, over-pressure, not so much from school, but the exactions of society and fond mothers prevail, as in the city. Anæmia, nervousness, sleepless nights and malnutrition are the result. We think the author of an editorial in one of our city dailies diagnosed the condition when he said that Johnny's faded look was not so much due to hard study, but to lying around like a snail, stuffing himself on pie, sleeping in a hot, close room, and smoking cigarettes, probably; and then he adds: A little alleged mental exercise is held responsible for his flabby muscles and pallid countenance, when the truth is, the little hard study is about the only healthy thing that he does.

This is a digression, but the point we desire to impress is, that a want of air and exercise is responsible for some of our cases.

In babies, the one essential symptom is "wasting," a progressive, steady emaciation and loss of weight. The skin is dry and harsh; hangs in folds upon the body. The face pinched; anterior fontanelle depressed.

The circulation poor, as evidenced by the coldness of the body. How far the picture will progress will depend upon the time when the condition is recognized and the ease with which it is corrected.

Both of these conditions, infantile atrophy and malnutrition in older children, are conditions calling not so much for medicines as dietetic and hygienic correction. The problem is sometimes very difficult of solution in babies, save in those suffering from an insufficient quantity of breast milk. Here a resort to a properly-modified cow's milk is attended with the happiest results. This is also often true when a proprietary food is the cause. We have witnessed most rapid and happy results by a resort to cow's milk. But when the child seems unable to digest cow's milk, at times our ingenuity is taxed to its utmost to bring or find a food capable of being digested. Especially so when vomiting and diarrhea are added to our difficulties.

Yet the truth still remains, no advance will be made until this is accomplished. Then with a proper food, air and sunshine, the difficulty will be solved.

With older children the solution of the problem is easier. A proper regulation of the diet; plenty of outdoor exercise; abridgment of the demands of society, so that regular habits of sleep and exercise are instituted; ventilation of sleeping apartments, then Johnny and Mary will have ruddy cheeks and a robust frame.

MUNDY.

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### PHARYNGEAL ABSCESES.

It is not an easy thing to detect the presence of pharyngeal abscess in its formative stage. It is a very common ailment with children, but the early symptoms are not likely to be correctly interpreted by the most watchful mother; and too often the physician, when he is called, fails to discover the real cause of the symptoms exhibited.

Because of the pain caused by swallowing, the child allows the saliva, which is increased in quantity, to drool from its mouth. A similar increased salivary secretion is produced by the irritation caused by the eruption of the primary teeth. This well-known fact suggests the diagnosis of "teething," and often prevents calling a physician until the abscess has so far developed that it can not be prevented. Painful deglutition will also induce the child to throw back its head, and drop the nipple with a cry of distress, and reject it with energy when it is repeatedly offered. Much will be gained by making examination of the pharynx a routine procedure when a child is ill and the symptoms are not clearly defined. Pressure made under the angle of the lower jaw will, in case of incipient abscess, elicit acute pain, and inspection will

disclose signs of inflammation in the tonsillar region, generally unilateral. At this time preventive treatment will often prove effectual. For internal use, minute doses of tr. aconite are of marked benefit, the prescription, *sp. med. aconite gtts. j-ij, aqua ℥iv. Mix. Sig.: Tea-spoonful every half hour.* At the same time apply an ice-water compress to the neck, or libradol if you choose.

There are two varieties, depending on location, the intra-pharyngeal and the extra-pharyngeal. The former may be due to tonsillar inflammation or quinsy, induced by exposure to cold, by traumatism, or infection. It always begins on one side as a hard, inflamed swelling; it is sensitive and painful, and in its development pushes the tonsil forward and rotates it outward. It also extends backward in the posterior walls of the pharynx, and if large, may extend clear round and involve both tonsils. The pressure symptoms cause dysphagia and dyspnea, with a degree of inflammatory lock-jaw, that makes it very difficult to open the mouth for examination or treatment. In many cases it will be necessary to give an anesthetic, and separate the jaws with a mouth-gag. The abscess is then opened by passing a straight bistury through the soft palate just above the tonsil, and enlarging the opening downward and inward sufficiently to insure complete evacuation. The relief is immediate, and complete recovery a matter of course in three or four days. Untreated, this variety may open into the mouth spontaneously, but may spread along the inter-fascial spaces and infect the mediastinum. It scarcely ever points on the outside of the neck.

A more serious variety is the extra-pharyngeal, which begins as an inflammatory swelling in the median line of the posterior wall, and gradually increases until pressure interferes with swallowing and respiration. This form is always tubercular, and is usually due to caries of the cervical vertebræ.

It is not good surgery to open this abscess in the mouth, because of the impossibility of preventing a pyogenic infection from being ingrafted on the purely tubercular. Such mixed infection gives immediate rise to septicemia, with chills, fever, sweating, and rapid emaciation and exhaustion. As the abscess develops from the median line, it will be seen to be more prominent on one side, and should be opened on the side most protruding. A knowledge of the anatomy of the cervical region is important, to avoid possible injury to the large vessels of the neck and the recurrent laryngeal nerve. The opening should be free, and the cavity emptied with a dull curette, and mopped out with tr. iodine, or iodoform emulsion. Afterward pack cavity with iodoform gauze, and dress with antiseptic gauze, held in place with a head and neck bandage. On the second day the packing may be removed, and,

if needed, a few strands of catgut utilized for drainage, and a final dressing re-applied. This should remain undisturbed a week, when the cavity should be filled. If any portion of the integument has not united, a few strips of adhesive plaster will complete the cure.

The success of the treatment will depend upon promptness in applying it and completeness of the antiseptic precautions. If the abscess is opened at the proper time and treated as described, there will be little or no constitutional disturbance, and but slight scarring. If left to take its course, extensive caries may result, and very disfiguring scars are sure to mark the site. No surgeon would open a non-tubercular intra-pharyngeal abscess through the side of the neck; neither will he open a tubercular extra-pharyngeal abscess in the mouth. CHURCH.

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### RESOLUTIONS.

With the advent of another year, there will be many resolutions made in good faith, many resolves as to what will be done during the coming year, and promises galore. The holiday festivities will be largely responsible for this condition of affairs, and the world will look brighter for the time being. There is an old saying that "hell is paved with good intentions," and if such a place exists, there surely is a good, solid pavement, many thicknesses superimposed, that should make a durable roadway.

There is one resolution that every one should make, stick to, and carry out in their every-day life, both in business and social relations, and that is, to be optimistic. At the installing into office of our President, there appeared in Washington a body of men whose motto was, "Don't knock." This was optimism exemplified. A resolution that it would be profitable for every business and professional man to place over his desk, and in a position where he could not help but see it at any and all times.

What is gained by pessimism or knocking? Nothing. The genial person is not a knocker. The successful business or professional man is not the pessimist, but is an optimist. The resolution, firmly adhered to, that the bright side of everything is to be inspected, and that the dark side is, not necessarily ignored, but not brought into the lime-light, will aid more in making those around you happy and contented than all the pessimism in the world combined. It is true there are some persons who are never happy unless they are miserable, and they are usually happy because they are constantly, according to their views, being slighted, hence are miserable. To such it is usually impossible to glean any sunshine, because they will not throw off their cloak of misery; but

what seems peculiar is, they nearly always have an excellent opinion of their own worth, and their standard of measurement is so rigid that they can not, or will not, grant any virtues to the sunny disposition which is sought by others, always thinking these characters have some ulterior motive, and not recognizing the fact that they themselves are a detriment to the community in which they live.

Be an optimist. Resolve now to look at the bright side and not the gloomy, and you will have friends galore and prosper in your business.

"There's so much that's good in the worst of us,  
And so little that's bad in the best of us,  
That it illy behooves any one of us  
To speak harshly of any o' the rest of us."

FOLTZ.

### GELSEMIUM, DIOSCOREA, AND COLOCYNTH.

It seems to us that too few of our physicians realize the full value of these drugs as pain-relieving agents, and as a consequence a too-frequent use is made of the hypodermic syringe or of the opiates in some other form. They are all specifics for the relief of cramping pains, or spasm of the unstripped muscular fiber — for organic pain. It matters not in what organ the distress occurs.

For years it has been taught in our school that dioscorea is a specific for colics of various kinds, and its use has been, to a very great degree, limited to such disturbances of the digestive tract. It is also impressed upon us very vividly in the writings of some of our older men that if relief does not come in a short time after the administration of dioscorea, other remedies should be sought. Because of this seeming uncertainty in the recommendation of dioscorea, we believe it is less frequently prescribed than it deserves to be. Colocynth is also a classic remedy for belly pains, and we believe that there exists a difference between the two cases. Some may say it is a difference without a distinction. But we think we can select the dioscorea case and the colocynth case. In the dioscorea case the pain is constant, but there may be exacerbations. Besides, there is *irritation*, nervous excitement, etc. This means as well that there is more or less tenderness on pressure, and there may be tympanitis. This widens its field of usefulness, as it may be a very excellent remedy in peritonitis, especially relieving the peritonitis and tympanitis of typhoid fever, puerperal sepsis, etc. It allays irritation and relieves pain.

The colocynth pain is *not* constant. It is spasmodic. There is *not* the condition of irritation. Generally the tongue, the index to gastrointestinal conditions, is pale and broad, something upon the order of the *nux* tongue, but usually not so atonic or flabby. In the colocynth

case we do not have the irritation, or the distension, or the tenderness, as in the dioscorea case. In either there may be rumblings from wandering berbozygni. But one pain is constant, with exacerbations; the other is spasmodic, with spells of complete relief between the spasms.

One of these two drugs will stop belly pains much more satisfactorily than will the opiates or other anodynes, and no ill after-effects follow their use.

The action of gelsemium as a pain-relieving agent does not apply so much to the digestive tract as it does to the pains of some other organs, and in properly selected cases its effects are just as positive and characteristic as are those of dioscorea or colocynth. For years we have been taught to use gelsemium in *spasmodic stricture of the urethra*, regardless of those classic "indications"—flushed face, bright eyes, contracted pupils, etc., so familiar to all of us, and we have all used it many times in accord with this teaching, and with the greatest satisfaction. Now, if you will extend the use of gelsemium to other parts of the organism in which the unstriped muscular tissue is painfully involved, you will not be disappointed in its use. We have frequently prescribed it in those severe pains so common in and about the womb and ovaries, the liver and its ducts, the kidney and the ureter, the bladder, and elsewhere. In fact, we look upon gelsemium as one of the best pain-relieving agents we possess. It is an excellent remedy in dysmenorrhea. It may be given alone, or with, or in alternation with, pulsatilla, blackhaw, viburnum, etc. The conditions in which it is useful are many and varied. Amenorrhea is frequently overcome by the relaxing effects of gelsemium when given in conjunction with emmenagogues. Think this over and you will easily find the place for it. Pain can not exist where there is full relaxation, and we know of no remedy that will bring about this condition as quickly, as pleasantly, as harmlessly, as gelsemium. The dose should be sufficiently large to produce the desired effect, and occasionally the so-called "physiological effects" may be produced, but they are evanescent, and no harm follows; the patient is none the worse from having taken full doses. Remember that no physiological action can be carried on under a high nervous tension. An easy state of relaxation is the ideal, and many, many times gelsemium is the ideal remedy, meeting fully every demand of the drug, regardless of the "flushed face, bright eyes," etc.

Of course sole reliance is not placed upon these drugs in those very severe cases of pain that stop assimilation, and in which almost every other function is suspended. In these nothing can take the place of the hypodermic of morphia for temporary relief. This may then be followed by one of these remedies which is indicated. BLOYER.



**THE SURGEON AND MEDICINE.**

Recently we saw a case, in consultation with a fellow physician, a general practitioner of medicine, a man who is not known as a surgeon, but he is quite prominent as a physician. One of the lesser common operations had been well done, but the patient was not recovering as rapidly as was desired.

To our surprise, *medicine* had been practically abandoned after the use of the knife; the patient was taking little or no medicine. The knife had been used, and surgery had had that unexplainable effect upon our good medical man. We can not fathom the now usual effect of cutting upon the cutter. Why does he abandon medicine after he operates? For the life of us we can not understand the why. This patient certainly needed medicine before the operation, and had had it. And we are just as positive that there were crying demands for some simple but well-known remedies when we saw him. Repair and recovery certainly depend upon a proper performance of the various functions of the body, and the man who *can not* influence the performance of these for good by the use of medicines has no business in the profession, either as a surgeon or as a physician. The whole of surgery nowadays seems to have settled down to two things: *cutting and the salines*. The patient is physicked, then cut, then physicked again. If he stands these, he recovers; if not, he dies. And we are sure that some of them die for the want of a little medicine. It is wrong. I know the surgical patient will rest better, make a more speedy recovery, and be better in every way, if he have a little simple horse-sense medication. The lymphatics carry both life and death. Through them nourishment is taken to the cell. The worn-out debris and poison are borne away by them. *This is true*. Can not you impress for good the lymphatic system of your surgical patient with phytolacca and other remedies that make a better lymph stream? Antiseptics are not generally life-promoting. To a degree, at times, they are no doubt life-saving. However, is there a better antiseptic than good blood carried to every cell through a normal blood stream? We have seen surgical patients die when, in our opinion, a little medicine might have saved them by promoting a better blood and a better circulation. We have seen dozens of surgical patients whose every feature, eye, skin, tongue, everything, cried loudly for nuxvomica. Did they get it? They did, if they were our patients. If they were the patients of a *surgeon*, they did not get it. Every one of you knows that the *surgeon* depends, day after day, upon the hot-water bottle and artificial heat to keep the feet warm. Is this better than a good blood stream to the feet? Can not the nervous system be so improved by medicine that the blood — enough of it, and of the right

kind — will be carried to the feet? In how many cases would sepsis be warded off were the patient given muriatic acid when it was indicated? Who can tell? Then there is that opposite condition, hyperacidity. Time after time have we heard the astute surgeon say, when looking wisely at that white tongue and those impoverished, pale tissues — tissues already drained to the very dregs — “*Give him salts; repeat it in four hours!*” Salts deprave the blood, the very hope and anchor of the surgeon. My dear brother, do not let the knife so mesmerize you that you forget that you are your brother’s keeper to the extent that you give him the benefit of your best knowledge and judgment. You *should know medicine* if you do not, or you should have a *medical* assistant, or, better, be *doctor* first, a *surgeon* later. Then do not forget or abandon first principles.

BLOYER.

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#### AMYGDALUS PERSICA.

Amygdalus infusion for nausea and vomiting will prove efficient in cases due to gastric irritation, and when other measures fail, may be tried in the vomiting of pregnancy. We have never been able to obtain results from the tincture or fluid extract of amygdalus, the cold infusion alone being the only preparation that has proven of use in our experience. The inner bark is stripped from the green twigs of the peach tree and placed in a vessel containing cold water. This is allowed to stand for about an hour, when it becomes of a bitter, though not disagreeable, taste, and is ready for use. When the stomach is exceedingly irritable, with constant vomiting, it is better to begin with small doses, which can be increased as the vomiting abates. In the gastro-intestinal irritation of infancy, peach-tree tea is a remedy of frequent domestic use, and good results generally follow its administration. It is sometimes remarkable to observe the prompt quieting effects of this medicine after our more scientific and classical remedies have failed.

WATKINS.

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#### GRAVEL ROOT AND CHIMAPHILA.

The chief indication for the use of these two diuretics may be given in one word, *dysuria*. The condition of bad urination, however, is not enough, as the drugs should not be prescribed indiscriminately. The eupatorium is *the remedy* for dysuria depending upon *irritation* of the genito-urinary tract, while the chimaphila is *the remedy* for *dysuria* and the many conditions that may lead thereto, depending upon *atony* of the parts involved. Both are excellent remedies, but disappointment may follow the prescription of either if careful diagnosis of the prevailing conditions be not made.

W. E. B.

# GREEN DRUG

## Fluid Extracts

### AND

## Normal Tinctures

### The Highest Type of Fluid Medicines.

*Because* in their manufacture we recognize the fact that the therapeutic value of many drugs depends upon constituents that are volatilized, easily oxidized, decomposed, or rendered insoluble by the ordinary process of drying or by long or imperfect storage—

*Because* in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

*Because* the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

*Because* of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

*Because* the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. Norton, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

## The Wm. S. Merrell Chemical Company

HEADQUARTERS FOR HIGH-CLASS REMEDIES  
FOR DISCRIMINATING PHYSICIANS.

New York

CINCINNATI

San Francisco



# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**The Practice of Gynecology.** By W. E. Ashton, M. D. Third edition, revised. Octavo, 1096 pages, with 1057 original line drawings. Philadelphia: W. B. Saunders Co.; cloth, \$6.50, net.

The fact that the third edition of this work was called for in one year after its original publication, was certainly not only most gratifying to its author, but unmistakable evidence that the profession generally recognized in it a most excellent treatise upon gynecology. Without any reservation, it is the most complete and exhaustive publication upon the subject that has come to our notice. An author who takes nothing for granted—who distinctly describes what should be done in every case, and besides gives directions and illustrations so explicit that they may be intelligently and easily followed, by expert or by one who is not expert—who leaves nothing to the imagination or to be looked up elsewhere, must certainly be praised, and not criticised. In this way both the medical and the surgical aspects of gynecology have been discussed by Dr. Ashton.

What pleases us greatly is the clearness of the author's diction. It is plain, practical, positive. There is no doubt, no chance to err. To say as much, the ordinary medical writer would require twice the volume. There are in this book few, if any, useless words.

The illustrations, of which there are more than one thousand, are so accurate, distinct and numerous that they would, of themselves, enable one, in many instances, to follow out the technic of many operations. They are a very valuable feature indeed.

In no other book known to us is there such detailed discussions of means and methods of examinations of various kinds—gynecologic, microscopic, bacteriologic, of the blood, etc., etc. The chapters upon hydrotherapy, constipation, indoor exercises, etc., are, alone, of inestimable value to the novice in gynecologic work. The *pre-operative* and *post-operative* care of the patient, and especially the methods of meeting and treating the many, many things in these periods that come under "general operative technic," so essential to success, are most

carefully discussed. These were results of large experience, gained from many sources and operations.

Hygiene and nursing are not alone depended upon before and after the *cutting* is done. Medicines are recommended as carefully and as positively as are operative measures. We note that he recommends, among other remedies "more or less specific in their action upon warts," *verrucea vulgaris*, the internal use in 5 minim doses t. i. d., that eclectic remedy to us of seeming doubtful value, *thuja*.

After a very careful inspection of Ashton's Gynecology we do not hesitate in the least in recommending it to Journal readers as a most excellent work.

W. E. B.

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**Simplified Course of Instruction on Refraction.** By R. S. Piper, M. D. Four small books, paper bound, aggregating 94 pages. \$5.00.

These books contain, in all, ten lessons, and each book is supplemented with a list of questions covering the contents of the book and designed to assist the student in review. The author briefly reviews the anatomy and physiology of the eye, and then proceeds to take up the subjects of dioptrics and catoptrics, the description of lenses, the various errors of refraction, and closes with a lesson on "How to Examine Eye Patients for Glasses." The illustrations are numerous and concise.

The general practitioner or student who desires to take up this line of work, will find these little books helpful, before taking up the more advanced or classical works on refraction.

J. P. HERBERT.

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**Prevalent Diseases of the Eye.** By S. Theobald, M. D. Octavo, 551 pages, 219 illustrations. Philadelphia: W. B. Saunders Co.; cloth, \$4.50 net.

In this work the author has given the results of his experience in the diseases of the eye which do not require the use of the ophthalmoscope, and which the general practitioner is liable to meet with in his routine work. The author is favorably known to the oculists of this country, and his conclusions are worthy of consideration. He certainly has given the profession a work worthy of careful study, whether general practitioner or specialist.

It is a notorious fact that the average doctor knows little or nothing about even the commoner external diseases of the eye, and any work which will aid in their diagnosis is valuable.

This work is certainly a good guide to the diseases treated of, and should be given a prominent place, for easy reference, in the physician's studio.

K. O. F.

# Drug Treatises on Specific Medicines

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FOR FORTY YEARS or more our house has aimed to evolve, and has striven to perfect, the most representative as well as the cleanest possible class of preparations in connection with plants. These are known as Specific Medicines. They specifically represent each drug minim to grain, as we have studied the qualities of the respective drugs.

At the request of physicians who ask for information concerning these plant preparations, and desire to study the vegetable remedies that have for many decades been to us a special study, we have instituted a systematic, descriptive, illustrated series, each being separate and complete. These are historical, descriptive, and explanatory of the drugs and their preparations; and until each edition is exhausted we will supply them free to physicians.

The following numbers have been issued:

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| No. 6—Asepsin and Asepsin Soap. | No. 13—Macrotys.                 |
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Please note that we make only such remedies as physicians use and commend under their proper botanical or established titles; that we make no preparations for the home or self-cure of disease; that our printed matter is descriptive and designed for the medical profession only, and that we advertise nothing whatever to the laity.

If you are not receiving these drug treatises, or if your set is not complete, please advise us, and we will send the complete set or such missing numbers as may be desired and will place your name on our mailing list for future issues. Our preparations are for sale in all jobbing drug stores of America, and are supplied at our Cincinnati prices by pharmacists generally.

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## Lloyd Brothers, Cincinnati, O.

# The National Pure Drug Law.

(EFFECTIVE JANUARY 1st, 1907.)

This law, to be enforced by the government, is the beginning of a national crusade to suppress quackery and to protect the people. Briefly stated, it demands truth and light where deception exists, and a statement of facts when narcotics and stimulants are a part of the mixture. No longer can the man who sells secret mixtures of Morphine, Cocaine, Cannabis-Indica, Phenacetine, Acetanilid, Chloral, and other powerful narcotics, heart-stimulants or heart-depressants, deceive the profession and wrong the people. *The label must tell the truth in large type if these and similar substances are present.*

**HOW DOES THIS PURE DRUG LAW AFFECT ECLECTIC COMPOUNDS?**—Not one is disturbed. Every drug constituent is, and has been, free to the world. Every compound is correctly labeled as concerns its uses and drug constituents. Eclectic Medicines are of unquestionable authenticity.

**HOW DOES THE NATIONAL PURE DRUG LAW AFFECT SPECIFIC MEDICINES?**—Specific Medicines are true to both drug-name and composition. They are correctly and specifically labeled as concerns use and dose.

If Specific Medicines were false in either derivation, composition or commended use, the National Law (effective January 1st, 1907) would immediately blot them from existence.

**HOW HAS THE NATIONAL PURE DRUG LAW AFFECTED THE DEMAND FOR SPECIFIC MEDICINES?**—Already there is an increased demand for Specific Medicines in original bottles. This is not local: it is universal. Every jobbing druggist in America feels the impulse. *The integrity of a Specific Medicine is unquestioned.* Eclectic physicians are awakening. They propose to approve the law and honor Eclecticism. They refuse longer to take imitations or substitutes for Eclectic remedies. In this they are also wise.

**WHAT ARE THE PROSPECTS FOR THE FUTURE?**—If the demand continues to increase, Specific Medicines will be sold faster than the jobber can be supplied. Many items will then be temporarily out of the market. This, the jobber could not foresee. This, we could not anticipate. Every effort will be made to complete stocks as quickly as remedies of the high degree of excellence of the Specific Medicine can be produced.

**LLOYD BROTHERS,**

January 1st, 1907.

Cincinnati, Ohio.



**Retinoscopy (or Shadow Test) in the Determination of Refraction, at One Meter Distance, with the Plane Mirror.** By James Thorington, M. D. Fifty-four illustrations, ten of which are colored. Fifth edition, revised: P. Blakiston's Son & Co., Philadelphia. Price, \$1.00 net.

The very fact of this work running through so many editions is evidence of the esteem in which it is held. The name of the author is so closely connected with ophthalmoscopic instruction, and also with elaborating retinoscopy, that any work of his is sure of full consideration. In this book he has certainly given explicit directions for the use of the plane mirror, and also has shown clearly why, in many instances, the method has failed to give satisfactory results. He insists, and properly, upon working with the schematic eye until at least a fair conception of the difficulties are understood.

It is a book that can be profitably studied by every oculist.

K. O. F.

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**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D. Professor of Ophthalmology, Otology, Rhinology and Laryngology in the Eclectic Medical Institute. 117 illustrations. 12mo, 643 pages, cloth, \$3.50. The Scudder Brothers, Publishers, Cincinnati, Ohio.

This work on the nose, throat and ear, by a successful specialist, should be in the library of every general practitioner as well as specialist. The physician who does but little work along these lines will find the book invaluable as a guide in the more simple diseases affecting these organs, while by the aid of it he will be able to determine when it will be necessary to consult a specialist. By following the treatment outlined he will be able to give his cases intelligent care after they are returned to him by the specialist, whether in operative cases or not, since the after treatment in operative cases, which frequently devolves on the general practitioner, is carefully explained.

The specialist will find the book replete with the more advanced work along these lines, the various operations carefully explained and illustrated, and will appreciate the fact that it is all given in concise form.

Since the internal treatment by Eclectic remedies is a prominent feature of the book, the Eclectic physician, by using the local treatment outlined in conjunction, will now be able to surpass any other in the successful treatment of nose, throat and ear diseases.

The work is destined to become authority on the subjects treated, and the treatment given sought after by specialists as well as general practitioners of all schools.

Prof. Foltz is to be congratulated ; the Eclectic school is to congratu-

lated on having a man within its ranks capable of producing such a work, and the medical profession, regardless of school, is to be congratulated on the acquisition of this valuable addition to medical literature.

J. P. HERBERT.

**A Primer of Psychology and Mental Disease**, for Use in Training Schools. By C. B. Burr, M. D. Third edition, revised. Illustrated, 183 pages, 12mo.; cloth, \$1.25 net. F. A. Davis Co., publishers, Philadelphia.

The section of this work devoted to the "Management of Cases of Insanity from a Medical Standpoint," is most valuable and helpful to the physician who is compelled to treat the insane in their homes. The same may be said of Part IV. on "The Management of Cases of Insanity from the Nurse's Standpoint." Every phase of the mentally awry is discussed and many helpful measures suggested, especially in the case of the sleepless, those who refuse food, and the constipated. The brevity and conciseness of this book are commendable.

L. W.

**Rhythmotherapy**, a discussion of the physiologic basis and therapeutic potency of mechanical vital vibration, to which is added a dictionary of diseases with suggestions as to the technic of vibratory therapeutics, with illustrations. By S. S. Wallian, M. D. 210 pages. Price, \$1.50. Chicago: The Ouellette Press.

This is a contribution to vibratory therapeutics, and the author succeeds to some extent in establishing a scientific basis for this form of treatment. The writer treats the subject in a thorough manner, drawing sharp lines of demarkation between morbid conditions which may be benefitted by vibration and those which may not. The technic of Rhythmotherapy, as here given, is complete, and will be an indispensable aid to those who practise this form of therapeutics.

L. W.

**Modern Physio-Therapy. A System of Drugless Therapeutic Methods.** By Otto Juettner, M. D. Harvey Publishing Co., Cincinnati, O. Cloth, \$6.00.

After reading Dr. Juettner's careful and convincing work one is surprised that the profession has waited so long for such an aid in the healing art. Not having practiced the methods of the new schools, we are not surprised at his utter skepticism as to the efficacy of drugs in the cure of disease. The many failures of drugs to benefit diseased conditions turned the author's attention to physical forces and their influence on life, especially diseased life.

Physical theaapy, as defined by the author, "is a mode of treatment by means of forces and agencies that are physical in character. From

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## Original Communications.

### THE BLOOD-STREAM AND THE CURE OF DISEASE.

By W. E. Bloyer, M. D., Cincinnati, O.

In our opinion, both the physician and the surgeon too frequently fail to consider the important part the blood stream plays in the restoration of the patient. Every pathological condition is due to a modified blood supply. A normal blood and a normal blood supply will successfully combat the invasion of any disease. The success of the surgeon as well rests wholly upon them. He may cut and stitch ever so well, but the blood stream must do the rest. Upon it depends protection, repair, elimination, metabolism, and nutrition. The blood carries life to every cell, and the life and function of every cell depends upon the quality and the quantity of the blood it receives. Hence, when all or part of the cells of the body — when the human organism is impaired, we must look to the blood supply for relief.

Normal blood circulating normally in every tissue and part means normal or perfect health. All physical troubles *must* yield to normal blood supply. Abnormal tissue, destroyed cells and impaired function must be restored — can be restored — only through the blood supply. A person who has always had normal blood and a normal circulation has always had perfect health.

This being true, let us look to the blood. The surgeon who operates has not done his whole duty when he lays down the knife. The physician who treats only a named disease fails to comprehend his possibilities. How make good blood? The quantity and the quality of the blood — blood-making — depends upon the quantity and the quality of the *foods* and *liquids* consumed and assimilated, and upon the *air* that is breathed. The work of maintaining a good blood supply is done through the main organs of nutrition and elimination — the lungs, the stomach, the bowels, the kidneys, the skin, etc. So that good breathing,

good appetite, good assimilation and good elimination *together* make good, red, normal blood — make for good health.

Life does not depend upon food alone, nor can we wax and grow fat upon air. One would almost think the latter possible to read and listen to the present-day discourses upon the outdoor treatment of tuberculosis. Life rests upon a *tripod*. The essentials are *air*, *water* and *food*, named in their order of importance. We can not survive long without air. We can live longer without water, and much longer without food, especially if we are supplied with an abundance of the other two. Air is food for the lungs. Through them it reddens the blood, it stimulates the circulation, it excites appetite, it aids digestion, it refreshes the body, etc. The lack of it causes poor blood, poor life, poor circulation, appetite, digestion, assimilation, excretion, etc. Without an abundance of air our existence must be miserable, when we are not under the physician's care. What must it be when the organism is battling with disease, or endeavoring to overcome the effects of an operation? The conclusion to be reached, without taking further time or space for argument, is, that *every one*, the *sick* and the *well*, patient and physician, should never lose sight of the importance and necessity of an abundance of air to the organism. Let the mind dwell upon it night and day. Let everybody, every day, every night, all the time, breathe free air to the utmost. Breathe deeply, at all times, but especially if we are sick. Let deep breathing become a part of us, a daily and hourly habit. If the air be bad, we need the more of it, and should do more deep breathing to get our full need. We can not all go to the mountains or to the seashore in quest of good air; nor can we send all of our patients away for a temporary breathing spell. Let the windows of the house and hospital be open day and night to the entrance of an abundance of air. To us it seems the height of folly, a laughable farce, were it not that it dealt with life, to have oxygen carried in tanks to the bedrooms of the pneumonic patient when he is about to succumb for the want of it, when during all of his illness nature was crying most loudly for it, and there was such an overabundance without cost just outside the window. But it was carefully kept out. Every crack and crevice was stuffed to keep it out, and then, at the last moment, when poor, abused nature was exhausted because there was none of it, a vain effort is made to pump it into the dying mortal. Such is a shame to the profession of medicine.

The second leg of the tripod — the second life-essential — is *water*. Do we fully realize the importance of water to the body and the blood stream? Think of the relation water must bear to the blood serum, to the lymphatic system, to the eliminative processes, the flushers of the

sewers, to the glandular secretions, bile, pancreatic, salivary, etc. Some one has said, "Heat is life; cold is death." To us it is nearer the abstract truth to put it this way: Water is life; the lack of it is death. Water gives fluidity to the blood stream. It flushes the entire system; it increases the urine, it stimulates intestinal peristalsis, it favors perspiration, it promotes the excretion of carbonic acid and the absorption of oxygen. In short, no physiologic process of the body can be carried on unless there be an abundance of fluid. The lesson, then, is: Drink an abundance of water; impress it upon your patients to do it. Every adult should drink at *least* two quarts daily, and more would be better. How many do this? Very few. Ask the thin, skinny, illy-nourished how much water they drink. The great majority of them will say, "Very little." As a rule, the *pussy*, fat people drink too much. Which of these furnishes the majority of the tuberculous cases? We are expected, physiologically, to pass three pints of urine daily, to say nothing of the amount lost through perspiration and exhalation from the lungs. How can it be done when less is imbibed? What is the effect? Every function of the body is crippled. Then let us teach the *drink habit* to old and young, to the sick and well, to the fathers and the mothers. And do not forget the babies. Thousands of these suffer the torments of the damned for want of water. Through the drinking of an abundance of water we avoid constipation, indigestion, uremia, mal-assimilation, of which tuberculosis and so many other ills are the children.

The third leg of the tripod of health, of life, of living, is *food*. It is just as essential as air and water, but not one whit more so. *To live, we must eat*. We can not discuss the food and diet problem fully for want of space. It is enough to say that the average consumptive or other sick man lives on a *restricted* diet. This may be of his own volition, or upon the advice of his physician or friends. (We know that many physicians err upon food problems.) He shuns the hearty diet of a healthy man. He always expects the good time to come when he can eat hearty foods. Too frequently it never comes. He fails to realize that he is prolonging his misery, inviting death and disease, impoverishing his blood stream by avoiding the food that contains the very elements that are necessary to healthy living — that would restore him to his wonted vigor. Place a healthy man upon the limited or restricted diet of the average patient and he will soon be a sick man because of his poor blood. This is as true as the gospel, and it is just as true that the same hearty food that keeps the healthy man in good health will not harm the patient or the man in poor health. No one can grow strong or obtain good health by avoiding the food taken by healthy men. The food is not to blame. It may be true that he can not digest

it. If he can not, the fault is with him. Let him take more air and water, and he will digest anything. His blood stream is at fault. It lacks fluidity and oxygen. He can not have gastric juice and other digestive fluids without drinking water. Lessened gastric juice certainly means lessened digestion or poor digestion, perhaps no digestion. More air means better blood, better circulation, better digestion. Lack of air and water hinders all functional activity, causes inactive stomach and bowels, constipation, mal-assimilation, etc. Food under these conditions must be harmful instead of helpful. We might put it this way: Deep breathing and much drinking cure constipation and dyspepsia. We tell people to salivate the food. How can they do so when there is no saliva? The bile is nature's purgative! When there is no fluid in the blood stream, where will the bile originate? No fluid, no pancreatic secretion. Of course he can not digest food if he does not breathe and drink. He can not do anything rightly.

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### GRINDELIA ROBUSTA.

By Herbert T. Webster, M. D., Oakland, Cal.

*Grindelia robusta* is a remedy which, in some respects, has proven disappointing. When it was first introduced, great expectations were cherished by many in the profession on account of its promised efficacy in asthma and asthmatic bronchitis. For a time it was extensively employed in such conditions, but with the result that it was ultimately largely dropped from general use; and now, though still recommended in our text-books, few practitioners look upon it with much favor. Unless some more reliable place is found for it, it seems as though it must before long become classed with obsolete remedies. This conclusion has been reached by the writer from personal experience in practice and considerable knowledge of current medical literature. Recently an article appeared in *The Denver Medical Times* extolling it in bronchial asthma, but the writer combined it with ipecac and bromide of ammonium, so the adjuvants in his prescription are probably more to be credited for results than the central figure in the prescription.

There is no doubt that many new remedies are lauded in the beginning with more enthusiasm than their merits warrant. In some cases the best possibilities are overlooked, and the quality but feebly developed is put forward as chief recommendation. When found wanting in this respect, the remedy is usually dropped from use, and finally retired to oblivion. This promises to be the outcome so far as *grindelia robusta* is concerned, though it possesses one quality of merit probably not equaled by any other remedy in the materia medica. I refer to its

local influence in various forms of ulceration and irritation of skin and mucous membrane.

For several years after my early trials of this remedy I seldom employed it except as a local application for rhus poisoning, for which condition, in the proportion of two or three drachms of the specific medicine to a pint of water, it is often very successful; but in 1898 my attention was called to it, by an article from the pen of Dr. G. W. Coe, as a remedy for malignant ulceration, and since that time it has always stood on my medicine shelf, and frequent resort has been had to it. Until recently the use made of it by Dr. Coe appeared entirely new, and, so far as malignant ulceration is concerned, that opinion still prevails, though I find that Dr. William Hope Davis recommended it as early as 1881 in stubborn forms of ulceration. In an article written at that time he remarks: "I do not think any other remedy will so readily and certainly promote reparative action in indolent ulcers on any part of the body as this."

As an illustration of what we were led to expect from it in the beginning for asthmatic conditions, I will quote a report that was made upon it in "New Preparations" about the latter part of 1881. The name of the writer is unknown to me. His claims seem not extravagant, and only one of the cases reported seems to have been remarkably benefited by the single drug. What we want to learn, when investigating the virtues of a remedy, is, what it will accomplish when administered uncombined. I see no objection to combinations in the treatment of disease, though we ought to know what each remedy will accomplish alone before we are qualified to administer it in association. Even then we should remember that the single remedy is liable to be more or less modified by the admixture. The quotation just referred to follows:

"We have employed it in a case of difficult breathing, dependent on valvular lesion, where other remedies had entirely failed of giving relief. It was in the person of an old lady aged sixty. She had been under treatment with another physician, at the place she was visiting, for some six weeks, but with no apparent benefit. Nightly, at about 2 a. m., there was a return of the asthmatic spasm, and longer sleep was impossible. Indeed, for the last two weeks previous to my seeing her, she had not assayed to lie down at all, but got her rest in the sitting posture in the bed. For a day or two we had her upon the usual remedies for such cases, but with no success. We then combined digitalis with the grindelia fluid extract, and the third night, with the help of a five-grain Dover's powder, a full night's rest was secured. The remedy was continued in drachm doses three times daily, with the

twenty-drop doses of tr. digitalis, for some two weeks, since which time (now some three months) she has been as comfortable as one could reasonably expect.

"Case 2 was in the person of a shoemaker above middle age, who had asthma and chronic bronchitis. He was tired of paying doctors' bills, so we took him as a 'trial case.' The grindelia proved a complete success. He has had no paroxysm since the third day after its use. He now keeps a bottle by him, and, at my advice, on any sudden change of weather takes a half-drachm dose of the fluid extract three times a day, for a day or two, as a prophylactic. Whether the remedy does act as a prophylactic or not we can not really say, for possibly he might not have a return of the attack were he to discontinue its use. We have asked him to make the trial, but he does not care to take the risk.

"Case 3 was a carpenter aged thirty-five, not over-well nourished; was subject to daily and nightly attacks that would continue for hours unless amyl nitrite was used. No amount of nausea or reasonable amount of belladonna or chloroform would relax the bronchial tubes. He took grindelia for a day or two, and then discontinued its use. It gave him no benefit. Possibly if persevered in it might have benefited him. His only permanent relief seemed to come from a warm latitude, as gathered from a former experience, so he went South. I have not since heard from him."

Only one of these cases demonstrates any marked specific power in grindelia in asthmatic bronchitis. The first case was so treated with other remedies that we can not give the one under consideration much credit. The first night's rest was due, probably, more to the five grains of Dover's powder than to other treatment, and the cardiac complication might have yielded to digitalis alone. The third case was apparently not benefited in the least.

Ringer, in his "Handbook of Therapeutics," makes the following remark concerning this remedy: "The fluid extract has proved in many cases so serviceable that, although my own experience with it has been slight, it is so far favorable that, coupled with the strong testimony I hear from my medical friends, I am induced to give a brief account of this plant, though I must own I have been greatly disappointed with it, and it has failed to realize the expectations raised by the recommendations of various writers."

I thought so little of it that it was omitted entirely from the first edition of "Dynamical Therapeutics," though it is possible that I did it an injustice. The fact, however, that it has passed almost entirely out of use as a remedy for asthmatic conditions seems to justify my estimation of it in such cases.



As to its topical influence, Dr. William Hope Davis remarks, in an article already referred to, that "it proves to be a demulcent, relieving irritated and excoriated surfaces; it is said to antidote the bites and stings of venomous insects and reptiles; and it will cure specific urethritis and vaginitis. It allays urethral excitement, and is, therefore, valuable in gonorrhea; it also soothes mucous surfaces. It has been employed successfully in conjunctivitis and purulent ophthalmia. I have used grindelia upon chronic ulcers with the happiest effect. I do not think any other remedy will so readily and certainly promote reparative action in indolent ulcers on any part of the body as this."

Ellingwood and Shoemaker confirm, to considerable extent, this estimate of the drug. Shoemaker recommends it in irritable ulcers, which seems to me to be a mistake. Where irritability is a marked factor, it hardly compares with *echinacea*, *calendula* or *hamamelis*.

I have found it to act promptly as a mouth wash in a few cases of mercurial stomatitis. This affection often proves very stubborn and baffling, and a remedy which promises as much as this should not be overlooked. My cases may not have been as stubborn as some I encountered years ago, but I regret that I did not employ it in those then encountered. It ought to assist the constitutional or specific influence of *phytolacca* in stubborn cases of aphthæ. Ulcerated states in mercurial stomatitis respond promptly to its influence. Stubborn cases of pharyngitis and post-nasal irritation are also **speedily** benefited by a gargle of one or two drachms of the specific medicine to four ounces of water.

The great sphere of *grindelia robusta*, however, is in malignant ulceration, where I believe it has no equal in the materia medica. Dr. G. W. Coe reported some interesting and instructive experience with it in 1898, from which I will draw to illustrate this action. I believe the credit of introducing this property to the profession belongs to him:

"I have for some time been thinking I would send you something on *grindelia robusta* as a local remedy for epithelial sores and ulcers, and some forms of disease of the mucous membrane, as I have been using it in such cases for several years.

"I can not now recall how I came to use it first. My first case of importance was a Mr. R., who called with a sore tongue. The greater part of the surface looked as if it had been scalded, slightly indurated, but not swollen. The mucous membrane on the diseased part was slightly paler than that surrounding it, with the line of demarkation fairly well defined. There was a continuous burning pain, aggravated by talking, and the taking of solid food could not be endured. The distress was so great as to interfere with his rest at night, materially. As

a consequence, he had lost flesh and strength, and was in a bad condition generally. He had been to two or three physicians without benefit, but rather had gradually grown worse, the diseased area gradually increasing. He had finally come to the conclusion that he had cancer. I did not so diagnose it.

"I gave him a tonic and tried several different kinds of mouth-wash, but no improvement until I gave two drachms of fluid extract of *grindelia robusta* to four ounces of water as a local application. This was applied by saturating a piece of old muslin with the solution and laying it on the tongue, keeping it wet as near continuously as possible. Improvement began with the first application, but it required over two months to overcome the disease.

"Case 2.—Mr. I. came to my office to consult me about a sore on his cheek, which I diagnosed as epithelioma, and told him it was what was known as skin cancer. He then told me a cancer doctor wanted seventy-five dollars for curing it, and wanted to know what I thought about it. I told him I could remove it for a good deal less money, but that at his age, eighty-six years, and in feeble health, a palliative treatment would be best, and there would be no danger of his dying of cancer.

"He gave me charge of his case, and in connection with a general tonic I gave him the local application of *grindelia* just described, and directed him to keep a compress wet with it on the part as much of the time as possible.

"In about two months the cancer was well, leaving the skin smooth and soft, and about a year afterward he died from the effects of a cold.

"Case 3.—Mrs. K. called with the same kind of a tongue as Mr. R., except it was not so extensive a sore, and in this, as in the case of Mr. R., the *grindelia* brought about a cure."

[To be Continued ]

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## THE PURE FOOD AND DRUG LAW (Concerning Medicines).

By John Uri Lloyd, Phar. M.

Physicians are beginning to be concerned in a law that, when it passed Congress, June 30, 1906, was by them practically unnoticed. The same may be said of pharmacists, who, although vitally interested in the provisions of this law, gave it no thought whatever, accepting, perhaps, that, like the many laws passed by the various State legislatures, it would be practically a dead letter. Indeed, it may be said that, until the Government's committee appointed to frame regulations concerning the law met in New York City last October, even the parties

most interested in the problem, namely, importers of crude drugs and chemicals, manufacturers of pharmaceutical preparations and proprietary remedies, were absolutely inactive. But when this committee met and announced their tentative rulings, it was at once seen that the law, in its various ramifications, was a mighty instrument, that would reach into every direction that concerns the users, the dispensers, the makers, and the importers of medicines, whether crude or manufactured. It was then perceived that the machinery of the United States Government, embracing both the mighty Internal Revenue Department and the far-reaching Department of Agriculture, would soon be brought to bear upon the parties interested in the directions mentioned. Let us then, look upon the law in its broad aspect, which, covering in detail several closely-printed pages, is, so far as medicine is concerned, fairly comprehended in the title and the first clause, which may be reproduced, as follows:

"An Act for preventing the manufacture, sale or transportation of adulterated or misbranded or poisonous or deleterious foods, drugs, medicines, and liquors, and for regulating traffic therein, and for other purposes.

*"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That it shall be unlawful for any person to manufacture within any Territory or the District of Columbia any article of food or drug which is adulterated or misbranded, within the meaning of this Act. and any person who shall violate any of the provisions of this section shall be guilty of a misdemeanor, and for each offense shall, upon conviction thereof, be fined not to exceed five hundred dollars or shall be sentenced to one year's imprisonment, or both such fine and imprisonment, in the discretion of the court, and for each subsequent offense and conviction thereof shall be fined not less than one thousand dollars or sentenced to one year's imprisonment, or both such fine and imprisonment, in the discretion of the court."

Then came the meeting of the committee appointed by the Government, Dr. H. W. Wiley, chairman, to announce rulings and regulations for the enforcement of the law. Now it was, as I have said, that the various interests concerned in the problem appreciated, for the first time, the fact that a new feature in medicine-making and distribution confronted the dealers, the manufacturers, and the users of medicines. It was perceived that, as concerns medicine, the strong arm of the Government would now, in certain directions, take a part in the care of the people. In fact, to put it tersely, the United States Government has gone into partnership with every medicine interest that demands a partner whose object is fair business, honest business, and exact statement of fact concerning the medicine produced. It may be said that the Government is a partner without financial object, whose part is simply that of catching mistakes and of preventing fraud. In order to do this, the constitutional right of the United States Government permits it to pro-

hibit the crossing of a State line of any substance adulterated, misbranded, poisonous, or deleterious, and permits it to regulate the traffic therein. This far-reaching power touches everything in certain classes of the medicine line. Let us with these preliminary remarks pass the many subjects that do not directly concern the readers of this journal, and restrict ourselves to the phases of the law that directly interest pharmacists and physicians.

The special Committee on Rulings and Regulations, Dr. Wiley, chairman, made forty regulations, each as nearly specific as possible. In some directions they were explosively volcanic. In others, they were of no concern, as regards the methods in vogue.

Take, for example, Regulation 28, entitled "Substances Named in Drugs or Foods." This demands that certain substances that have been introduced into private formulas sold to the people and to physicians, as well as disease remedies, and that contain such substances as ethyl alcohol, morphine, opium, cocaine, heroin, alpha and beta eucaine, chloroform, cannabis indica, chloral hydrate and acetanilid, together with their many derivatives, must carry the names and proportions of any or all of these substances on each label. It further provides that the type employed shall be of a certain size, and the print appear in a certain place on the label. This exaction revolutionizes every label now employed with each of these substances on the market, because, although in legitimate pharmacy, all of these materials are mentioned on the label, they are seldom, if ever, named in the locations and sized type demanded by the rulings of the committee. It naturally paralyzes the secret "headache cures," and the stimulant-makers, with compounded, secret preparations of this nature, for, in bold-capped type, immediately under the title of preparation, the full name of each of these ingredients, and the proportions thereof must be printed.

Every manufacturer of pharmaceutical preparations in America perceived, when this ruling appeared, that, although he might have no preparation whatever that conflicted with the law, the form of his label was opposed to the label required by the rulings of the committee, which naturally threw the package out of harmony with the form demanded by the committee's regulations. This was particularly apparent in the case of all the alcoholic medicines, pharmacopœial and otherwise, the ruling from the first Pharmacopœia, 1820, and the first Dispensatory as well, to the present date being that the drug strength of all preparations should be mentioned or known, the alcoholic strength not being deemed necessary upon the label. Consequently, not a label on the market, of any manufacturer whatever, concerning any preparation, whether pharmacopœial or otherwise, carried the proportion of alcohol beneath

the title of the remedy in the size type demanded by the committee. Every label devoid of this statement is, therefore, irregular in form, and every preparation so labeled is misbranded, according to the law and regulations. Indeed, I question if any manufacturer of any pharmaceutical preparation had ever mentioned on the label the amount of absolute alcohol by volume in any preparation whatever.

In this alcoholic requirement, which does not in the least concern any reputable medicine in relation to its dose (because no doctor administers a reputable pharmaceutical preparation, carrying a drop or fraction of alcohol to the dose, for its alcoholic effect), the labels on every bottle in the hands of the jobbing trade of America must be deemed misbranded. Consequently, any fluid extract, or tincture, or elixir, or alcoholic syrup, or other preparation containing alcohol, in which the label does not give this exact proportion of absolute alcohol by volume in the finished product, makes the sellers thereof liable to arrest and fine, should such preparation cross a State line.

Let us now more specifically consider the dilemma in which the drug trade and manufacturing interests of America were placed. Not having assayed these preparations to alcoholic strength, they could not tell, without an assay, the amount of alcohol in any pharmaceutical preparation on the market. A pharmaceutical preparation of any one drug, when made at different times, by the same process, and, indeed, of the same materials, when finally standardized and brought to its *drug value*, will vary in its alcoholic constituents. This variation amounts in some instances to as high as ten per cent. alcohol, or even more. Hence the manufacturers of alcoholic pharmaceutical preparations found themselves powerless to relabel the goods on the market other than by guesses as to their alcoholic contents.

Appreciating this condition, the Government's committee gave manufacturers until October, 1907, the privilege of using "stickers," that would approximately name the amount of alcohol in each package, or else of having their preparations returned for assay or relabeling. In either case the problem was a mighty one. Millions of bottles of these preparations were in the hands of the jobbing druggists. All must be relabeled, either by stickers or by assay, by January 1, 1907. The inaction of manufacturers, who had had notice from June 30th, left them in November with but a short period to accomplish this mighty work. The Government concession of a few months is only a temporary relief, for the old labels can only be used until next October, when the manufacturer who has not reprinted his labels to conform to the regulations will be in about the position he is at present.

In some instances the old labels are printed over in red ink as con-

cerns the alcoholic contents of preparations now being sent out. In other cases a sticker-guess at the alcohol present is used as a temporary expedient; but it is a guess only. In other cases the manufacturer is wisely assaying his preparations to alcohol, reprinting his labels so as to make them conform in style and type to the Government's requirements, and replacing his stock with assayed goods. This problem of the alcoholic contents is the principal concern of manufacturers of alcoholic pharmaceutical preparations, for legitimate manufacturers have heretofore made statements of fact concerning the drug contents of preparations that bear their labels. They are all concerned alike in the alcohol feature. Probably no manufacturer in America, of pharmaceutical preparations designed for physicians' use, has put morphine, or cocaine, or chloroform, or any other such substance, into a remedy without a statement of that fact.

But the alcoholic regulation is, in itself, a mighty problem, and an immensely expensive one. Every preparation must, as has been stated, be now assayed for its absolute alcoholic contents, and after the assay is made, *the labels must be printed for that one batch*, and must carry the exact alcoholic contents in the *style and size of type* demanded by the Government. Stock labels are no longer possible. This has necessitated the establishing of printing plants of great comparative magnitude for this one purpose only. A number of printing presses is kept busy in the laboratory, and a force of printers constantly employed changing type and printing labels and cartons. Machinery for cutting labels, and the accessories of a complete printing establishment, are absolutely necessary, if one expects to conduct a pharmacy that will distribute lawfully-labeled goods outside the State.

The enlarged assaying department must now be equipped with special apparatus and a corps of experts for determining the exact amount of alcohol. It must be systematized, so that quickly and precisely the amount of alcohol present can be established. There can be no guesswork. Whether the batch be a small one or a large one, there is no evading the law. Four ounces even of a special tincture that crosses a State line, or even one ounce, must be correctly labeled and standardized to its alcoholic content. This may cost more than the medicine. Whether the alcoholic preparation be great or small, its alcoholic content must be established exactly and calculated into *volume* of absolute alcohol, *not commercial alcohol*, and as has been said, this complicated feature alone places on the manufacturers a responsibility and an expense that can be easily appreciated. In fact, the apparatus and assayists necessary to enable a manufacturer to comply with the Government's requirements in this one direction is a thing in itself of consider-

able importance as compared with the manufacturing laboratory proper.

It may be asked, is this great expense and detail of trouble necessary in the direction of legitimate pharmacy? I would answer, yes. The law is framed to prevent the sale of narcotics and stimulants to an unsuspecting public, including the physician. There can be no special legislation in favor of any one. All must stand alike before the law. The physician can not ask a privilege that is not given the pharmacist. The pharmacist can not ask to be outside the law. The man who makes whisky-drinks and sells them under the name of a remedy must, therefore, stand in full view of the public, if the law is enforced alike on all. Hence, the physician who gives no remedy for its alcoholic effect, and the pharmacist who makes no medicines to be used for their alcoholic effect, must be classed with the man whose business is that of supplying alcoholic drinks under the guise of remedial agents. In the eye of the Government, the maker of medicines is classed with the dispenser of alcoholics, and now comes under the surveillance of the Internal Revenue Department. There is no other way to meet the problem, and there can be no evading of the issue.

In some directions other details of this law affect the medicine business. Pharmacopœial drugs must now be pharmacopœial. Crude drugs that have standards must now be in full conformity with that standard. In these directions the mighty arm of the Government will help those who have dealt in pure drugs only, but heretofore have been powerless in competing with sophisticants and worthless drugs. The effect in that direction will be decidedly beneficial, but physicians will be surprised, I take it, to find that with the enforcement of this feature of the law will come an increase of prices in many and unexpected directions. The man who has been handling sophisticated articles, drugs below the standard, adulterated products, and offering them at reduced prices, asserting that they are "just as good and cheaper," will be up against the fact that such methods will no longer prevail. In consequence, the price of sand-mixed assafoetida, turpented essential oils, etc., will no longer govern the pure drug prices. But the increased demand for the pure articles will surely increase their prices.

Concerning the influence of the law regarding the Eclectic preparations, as already stated in this journal, none are affected, beyond the form of labeling that is general for all preparations containing alcohol. Every Eclectic compound that carries a narcotic has always been labeled in accordance with a published formula, usually to be found complete in the American Dispensatory. The Eclectic preparations containing mixtures of drugs, such as the compound tinctures, syrups, etc., have ever been open to the world, as concerns their constituents, be they nar-

cotic or otherwise. An Eclectic remedy representing a single drug carries, as it has always done, the scientific name of the drug.

Let it be understood that the enforcement of the law will be national, regardless of professions or individuals, and that whoever engages in interstate commerce and transports medicinal preparations across State lines will become amenable to this law.

This article touches only certain phases of the law. Others, very important too, are not mentioned. The shortcomings and defects are ignored.

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### COMBINATIONS vs. THE SINGLE REMEDY.

By W. R. Ruble, M. D., Smith's Grove, Ky.

In the December number of this JOURNAL is an article by my quondam friend of college days, Dr. J. S. Niederkorn, on "The Certainty of Medicine and the Single Remedy," which, as seems to me, is calculated to leave the impression that, to be a "thoroughbred," up-to-date Eclectic and specific medicationist, one must prescribe the single remedy; that direct or specific medication and prescribing the "single remedy" are, as it were, equivalent and synonymous terms. It is true in his article the doctor states that "it must be admitted that there are instances where a combination of remedies is productive of admirable results; instances where one remedy proves a valuable adjunct to another; instances where several remedies are clearly indicated. It is not these that we oppose," etc. And yet the general trend of the article is against combinations. This seems to me to be unnecessarily narrowing the field and scope of what may be termed modern Eclecticism. I am free to admit that much, if not all, the doctor charges as to the methods of prescribing in vogue in the average medical journal of the regular school is true, as well as much of the prescribing in our own journals by physicians who pass muster as Eclectics. But the contention that all combinations are uneclectic is one that will not, I think, meet with the sanction of many specific medicationists. That prescription which is composed of two or more agents, each selected to meet a distinct pathologic condition in any given case, is, in my judgment, as truly Eclectic as if the single remedy were prescribed. On the other hand, the "slipshod" compounding of remedies with the understanding or hope that some one of the group may, perchance, do the work, is certainly anything else than Eclectic.

There is, doubtless, no true, up-to-date Eclectic who does not make it a rule in prescribing to use the smallest possible amount of medicine, and who would avoid the use of a compound where the single remedy



would answer as well. In fact, this ought to be the rule of every careful, intelligent physician. But the claim that in every case the single remedy will do all that the combination will do is as wide of the mark as any statement can well be, and as I understand Eclecticism, it is not a necessary tenet of that system. It is not, moreover, in accord with the teachings of Scudder, Locke, or of our present-day teachers. The true Eclectic is he who looks after the pathologic conditions in so far as he may be able to discover or determine such conditions, and meets such conditions by the appropriate agent, or combination of agents, if need be. Very often there may be found the basic lesion, which gives rise to a train of symptoms, and the application of a single remedy may remove the cause, and the resultant symptoms will disappear.

On the other hand, there may be more than one condition complained of, each differing from the other. One remedy, or any one of a number of remedies, may relieve one condition, while another and entirely different agent be required to meet the other condition. This seems to me to be so fundamentally and eclectically true I can scarcely conceive of its being disputed. An instance or so may not be out of place to illustrate my meaning:

A patient comes to my office having plainly manifest the indications of atonic dyspepsia or indigestion, with many of the nerve derangements depending upon the wrong of digestion. It would require too much space, and, moreover, it is unnecessary, to enumerate them here. I prescribe spec. nux, and perhaps advise the discontinuance of coffee, if my patient prove to be a coffee-drinker. The discontinuance of coffee would in many cases be all that is required, but it is the medicine that gets the credit with the patient. Another patient enters complaining of pain and a sense of weakness in the region of the kidneys, pain extending from the front of the head to the back of the head, but especially at the back of the head, apparently being reflex from the kidneys. No special change in the quantity of urine voided, but there is great pain and burning sensation in the urethra and in the locality of the neck of the bladder. We have here by no means an unusual combination of symptoms. What single remedy would reach the totality of symptoms in such a case as would spec. eryngium, either alone or aided and reinforced by some other such adjunct as apis or gelsemium, given for the irritable condition of the bladder and urethra? In combination with the eryngium and for the irritable kidney, spec. hydrangea will afford relief. Other agents than the ones I have named might be given with benefit, since there is scarcely any other diseased condition for which we have a greater number of specific remedies than we have for irritable conditions of the urinary tract.

But because a physician administers different agents in combination for two or more distinct pathologic conditions in nowise precludes his applying these remedies in accord with the principles of direct medication, and in so doing he is just as Eclectic as if he had found a combination of symptoms which could be relieved by the single remedy.

Much of the "odium of Eclecticism" of former years, and as it exists in some localities even till now, was to some extent due to what our regular brethren termed the "exclusiveness" and the "limitations" of Eclecticism. Why, then, I ask, should the true Eclectic be restricted to the single remedy in his application of this basic principle, "specific medication"? It seems to me an unwarranted abridgment of this principle. But the senseless combinations of many proprietary preparations, compounded with the idea of reaching a multitude of diseased conditions, and thus render the preparations salable, is so obviously foreign to Eclectic methods as to be repudiated by all true Eclectics.

Frequently patients apply to us for examination and treatment, having so many complications to deal with, that we find it impossible to attempt to relieve all the conditions present at once, and we have to state our inability to do more than relieve the more urgent, and, if possible, the basic trouble, and later give attention to other conditions. We thus avoid excessive combinations and possible failure from attempting too much at one treatment.

The writer of this article yields to no one in devotion and loyalty to Eclectic principles. During all the years of his professional life he has fearlessly unfurled the banner of Eclecticism, with never a thought of yielding to the overtures of the "dominant school" to come over and be one among them and of them. He has felt the keen edge of opposition, even bordering on persecution, with no brother Eclectic in hailing distance to come to his help in his fight for Eclectic principles. Nevertheless we do not feel called upon to furnish our regular critics the occasion for charging us with unnecessary narrowness and restrictiveness in our theory of practice, which would be afforded them by an unwise limitation of our admirable system to the single remedy.

[Carefully we have read and reread Dr. Neiderkorn's article in the December JOURNAL, also Dr. Ruble's reply. We do not believe the former conveys the impression that Eclectics must confine themselves to the single remedy. In fact, he distinctly so states. He opposes poly-pharmacy. So does the reviewer. The ideal method would be the single remedy. It is a fact, however, that an intelligent study of the remedial action of a remedy can only be made by the single remedy. In no line is this better illustrated than in the study and prescribing of heart remedies. Two, three, four, and even five of them are frequently prescribed together, without reference to their compatibility or synergism.

We have seen cactus, digitalis, strophanthus, glonoin and caffeine used in one prescription. Which does the work? Careful perusal of both articles show that the writers after all are not far apart in their belief of what constitutes true Eclecticism.—MUNDY.]

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## **POTTS' FRACTURE BY INVERSION—A MODIFIED DRESSING.**

**By M. F. Bettencourt, M. D., Galveston, Texas.**

When Potts' fracture is spoken of, the usual mental picture consists of an everted foot, likely extended and displaced backward; a plainly evident deformity of the lower portion of the leg, resulting from fracture of the fibula two or three inches above the malleolus, and possibly a breaking of the tip of the internal malleolus, or rupture of the internal lateral ligament of the ankle joint. This is the typical Potts' fracture. When, however, the characteristic break is the result of an inward displacement of the foot, the case is one of reversed Potts' fracture, a deformity considerably more rare than the everted type, and requiring somewhat different treatment.

On November 4th, Mr. Theo. B., aged forty-five, while having a friendly contest at wrestling, sustained a fracture of the right leg. When seen, the ankle and foot were markedly swollen and considerably bruised as a result of the tugging and twisting done by his friends in removing the long hunting-boot he was then wearing. The foot was plainly inverted, somewhat extended and displaced backward, and there was a prominence on the outside of the leg, a short distance above the malleolar tip. Crepitus was easily heard and felt. Palpation revealed the fibula broken two inches above the malleolus and the prominence, due to an outward displacement of the upper end of the lower fragment. The internal malleolus remained intact, but there was some injury to the internal lateral ligament, as was evident by the pain produced by pressure over it.

After prolonged application of hot water the pain subsided, and the swelling and tension were considerably reduced.

By the application of traction, with forced inversion of the foot, then pressure exerted near the upper end of the lower fragment, and the foot brought to the normal position, the bulging above the ankle was reduced. The parts were then placed in a supportive, temporary dressing until a more complete subsidence of the swelling.

On the following day, after a more complete adjustment of the fracture and proper padding of the inner side of the leg and foot, a splint three inches wide, one-half inch thick, and extending from a point three or four inches above the knee to the hollow of the foot, was applied

over the padding, and retained firmly in place by strips of adhesive plaster, placed circularly around the leg and splint—one above the knee, another a little below it, a third over the ankle joint, and over all a cotton bandage.

In two or three days more, through the combined action of the gastrocnemius and soleus muscles, the foot became extended and displaced backward, thus holding the fragments in angular relation to each other. After several redressings, with failure to retain the foot and fragments in normal position, the use of the plaster cast or fracture box seemed imperative. Because of the extent to which the soft tissues had been injured, and because of the rupture of the internal saphenous vein, which, during the contest, had in some way occurred at a point midway to the knee, with consequent formation of a large thrombus, requiring the part to be kept under observation, the cast was deemed inadvisable, while the fracture box, beside being cumbersome, had also, to a certain extent, the objectionable features of the cast.

A splint was selected having the same dimensions as that used before, with the exception that it extended from a point four inches above the knee to a point three inches beyond the sole of the foot (practically a Dupuytren splint). Pads were applied as before, and the splint applied and retained in place similarly as the other had been—a turn of adhesive plaster above the knee, another a little below. A third strip was placed parallel with the leg over the lower fibular fragment, traction made upon it, and the strip then firmly attached over the distal end of the splint, which, as before stated, projected three inches beyond the sole of the foot. A fourth piece of adhesive was applied circularly over the ankle and splint. Lastly, a double strip, to serve as “guy ropes,” was placed with its middle point across the sole of the foot, immediately posterior to the toes. After crossing each other, forming an X in mid air, the ends were attached, after due tension, at a point about the knee—that from the outside of the foot attached to the splint, and the inner one to the outside of the leg. The foot was thus held firmly in a normal position.

These “guy ropes” prevented extension, and consequent backward displacement of the foot, while their tendency to “spread out” the lower fibular fragment by their tractive force was prevented by the counter force exerted by the strip applied from the external malleolus to the end of the splint, and by that applied circularly over the malleolus and splint. The patient was advised to rest the leg on the bed flat on the splint, placing a pillow beneath it, or severing the circular strips of adhesive above the knee to allow flexion of the joint.

At the end of four weeks the splint and dressings were removed,

and the result was perfect. The parts were kept bandaged for several weeks longer with a flannel bandage, to give them support and protect them from atmospheric changes.

In Potts' fracture by inversion where the fibula alone is fractured, this simple, light dressing will likely be as satisfactory as the more cumbersome ones.

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### VERATRUM VIRIDE.\*

By H. W. Powers, M. D., Amherst, O.

When Dr. Todd wrote me, a few weeks ago, asking me to prepare a paper about veratrum viride, I thought that would be easy, and promised to "deliver the goods." But while I was somewhat familiar with the use of the drug, and have learned to rely on it in many cases, yet I found it difficult to write much about it. I knew that the common name was American hellebore; that it grew to a height of about two feet; that it grew on swampy ground, and with its large, irregularly oval leaf was likely to be mistaken for skunk cabbage. I had read that it was sometimes called Indian poke and itch weed, this latter name on account of the itching and stinging it caused when coming in contact with the skin. The part used in medicine is the root.

Beside fat, resin, gum and starch, several alkaloids have been found in the plant, *i. e.*, veratrine, jervine, the active principle, proto veratrine, and subijervine. Of the physiological action of veratrum, Bartholow says: "Applied to the skin, it excites redness and heat, and to the Schneiderian membrane violent sneezing. It is a prompt and efficient emetic, causing intense nausea and depression, with persistent vomiting. The contents of the stomach are first evacuated, and after this the gall bladder. The power of veratrum to affect the cardiac movements and vascular tonus is its most characteristic property. It lowers the force and frequency of the pulse."

Great depression is produced by large doses; the action of the heart becomes very weak, the pulse almost indistinguishable, the surface of the body is covered with a cold sweat. There is faintness, dilatation of the pupil, with dimness of vision, great muscular weakness, shallow, slow respiration, and sometimes insensibility, with stertorous breathing. But in spite of the alarming symptoms produced by overdoses of veratrum, fatal results are very rare, probably because prompt emesis removes the excess of the drug from the stomach. The withdrawal of the medicine, with free stimulation and the administration of opium, will counteract the dangerous depression. Where death occurs, it is

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\* Read before the North-Eastern Ohio Eclectic Medical Association,

probably due to asphyxia, from paralysis of the muscles of respiration. Veratrum lessens the frequency of the heart's action to a remarkable degree, and removes obstruction to the circulation. Where it is being given in full medicinal doses, the patient should be kept in a recumbent position.

The indications for the use of veratrum is the full, bounding pulse, with flushed surface and sthenic fever. In various forms of overaction of the heart and in the abnormal tension of Bright's disease it is of great service. Veratrum is a true arterial sedative, lessening the force and frequency of the pulse, reducing temperature, and equalizing the circulation. It is useful in the early treatment of any inflammation, regardless of the part affected. If the indications for its use are present, in pneumonia, pleurisy, peritonitis and scarlet fever, veratrum will prove beneficial. It is useful in inflammation of serous surfaces, and will assist in removing the effusion. In many of the diseases of children you will find the full, rapid pulse, flushed face, and an irritable condition of the nervous system, causing great restlessness and frequently convulsions. Here the sedative action of veratrum alone, or combined with gelsemium, or passiflora, or small doses of hyoscyamus, as the case may require, will give good results. Much has been written for and against the use of veratrum in eclampsia, but the consensus of opinion seems to favor its use; however, in this condition relatively large doses must be given to influence the system sufficiently to prove curative. I often use veratrum in tonsillitis, both locally and internally, painting the tonsil freely at the outset of the disease. Veratrum is used locally in affections of the glands of the neck, and I have got excellent results in orchitis from painting the scrotum daily with it.

Thus briefly I have tried to tell what you probably all know about a drug that, properly used, will be called for in very many cases in daily practice, and I am sure that no one here would feel that his medicine case was complete if it did not contain a bottle of veratrum viride.

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### 'OBSTETRICS AND GYNECOLOGY.

Translated by E. S. McKee, M. D., Cincinnati, O.

*Atmokaussis and Zestokaussis*—the therapeutic use of superheated steam in gynecology, by Ludwig Pincus.

Steam applied to the interior of the uterus as a means of arresting hemorrhage, although but little used in this country, is a recognized therapeutic measure in Germany, owing to the zeal of Pincus, of Danzig. In his work the whole subject is very thoroughly dealt with, and after reading the evidence contained therein, it would be impossible for

any one to deny that in certain well-defined conditions atmokausis and zestokausis are perfectly legitimate and useful methods of treatment. The best results are obtained from using the steam at a temperature at from 110 to 115 deg. C. for as short a time as possible, viz.: from five to forty seconds.—*London Lancet*.

*Scopolamine in Eclampsia*.—Laurendeau (*Journal de med. et de chirurgie*) recommends hypodermic injections of scopolamine hydrobromide in doses of gr. 1.50 combined with 1.5 gr. morphia and fifteen drops of the fluid extract of veratrum viride in eclampsia as soon as the patient is seen. Inject the remedy deep in the thorax, and if the attacks continue for an hour and a half, repeat the dose. After another hour and a half, if the attacks continue, repeat the same dose less five drops of veratrum viride. The dose should be discontinued, or it should have done its work by this time. In support of this treatment he relates two cases of eclampsia. In the first, labor was complete, but there was headache, slight amaurosis, and a large amount of albumen in the urine, with a slight attack of convulsions. The treatment was at once resorted to, with the result that there was no further convulsion, and complete recovery ensued.

In the second case the convulsions were of frightful severity, constantly repeated, and ending in complete coma. The treatment at once lessened the severity of the attacks, and they ceased entirely after seven hours. Two days later the labor terminated with a normal delivery. After the cessation of convulsions the patient had an attack of mania, which lasted a few hours. The pulse soon shows the influence of the veratrum by becoming slower and softer. The vascular tension is an important factor in the production of the convulsions, combined with auto-intoxication, and the two result in a hyperexcitation of the nerve centers, which manifests itself in intermittent and involuntary discharges of nerve force. Scopolamine and veratrum respond exactly to the indications, the first calming the nerves, the second lowering the arterial tension. ♦

*Gynecology in Egypt*.—Madden and Manforz have made a report on the gynecological work done in the Kasr-el-ainy hospital, Cairo, Egypt. During 1895 one hundred and fifty-one gynecological operations were made, including fifty-five abdominal sections, with six deaths. These operations are performed with all aseptic precautions, silk or silkworm gut being the only ligature and suture material used. Saline transfusions are used frequently, and castor oil is found to be the safest and most effective post-operative aperient. Of sixteen cases of dilatation for dysmenorrhea and sterility, no less than four of the patients subsequently became pregnant — an important point in a coun-

try in which sterility may be a reason for divorce. An interesting case of perforation of the uterus during the operation of dilatation of the cervix is recorded, in which the uterus was removed by a supravaginal hysterectomy, the patient making a good recovery. Bilharzial infection of the genitals is not an uncommon affection in Egypt, mainly, however, confined to the lowest classes of women. Extensive vesico-vaginal and other fistulas were common, owing to neglected labors. Rupture of the perineum is not common, for labors are often extremely easy, though, on account of neglect in abnormal presentations or contracted pelves, the reverse may occur, in which case very extensive injuries to the soft parts may be met with. Ovarian cysts and fibroid tumors of the uterus usually obtain a large size before coming under proper observation, and operations for their removal are correspondingly difficult and complicated. In the fatal cases of ovariectomy there were masses of tubercle in the lungs, and similar masses around the pancreas and liver. Of the two cases of fatal hysterectomy, one died of a perforated duodenal ulcer, and in the other the bladder was accidentally injured during the operation, owing to the fact that it was much displaced by the tumor. The report indicates that much good work is being done in this hospital, and the staff are to be congratulated on its results. When we consider that this hospital dates back to the year 1466, that it is of necessity lacking in many of the details of a modern hospital, and that the patients are drawn from the lowest ranks of the native Egyptians, whose ideas on the subject of general and personal cleanliness are of the most primitive description, the disadvantages under which the staff carry on their work is obvious. Their nurses are native Egyptian girls, trained in a school attached to the hospital, under the teaching of an English sister. In spite of these and other drawbacks incident to the country, the success attained reflects great credit on the staff of the hospital.—*British Medical Journal*.

*The Curette After Abortion*.—Professor Le Paige, obstetric physician to *Le Pitié*, Paris, in his paper, "De l'insecurite du curettage instrumental das la retention placentaire post abortum" (*Annales de gynecologie et de obstetrique*, June, 1906), maintains that the curette after abortion is unreliable. He agrees with Pinard and Budin that the curette is a blind agent. The former authority systematically rejects the curette, and teaches that in all cases the finger should be used. Budin impresses on his pupils that the finger alone can detect whether there is any foreign body in the uterus. Professor Le Paige publishes a most candid record of his cases. He, indeed, admits that even the finger may prove unreliable. This was proven by a case under Vivier and Faure. The curette had been used after a simple cleaning out of



the uterus by means of the finger, but failed to stop the bleeding, as the finger had, and Faure thought vaginal hysterectomy advisable. The patient recovered from that operation, and a piece of placenta was found, quite fetid, incarcerated in the left uterine cornu, the finger having failed to recognize and the curette to reach it.

Le Paige, a most skillful obstetrician, having patients placed under his care under the most favorable conditions for observation and treatment, testifies that in three such patients he failed to remove or even detect a considerable amount of retained placenta. In one case he made use of the finger when the curette had failed in other hands, and detected and extracted a mass representing about three-quarters of a placenta, but too late to save the patient's life. In two other cases he believed that all the placental tissue had been removed, as the instruments seemed to grate against the uterine tissues in all directions. In the second case, however, the patient expelled a piece of placenta as big as a billiard ball six days after the curettement. In the third case Le Paige was called in on the third day, and feared when summoned that he had perforated the uterus through scraping its interior too thoroughly. On arrival he found that the patient had had several characteristic pains coming on at intervals of a few moments. He removed a tampon from the vagina, and then found the placenta lying almost completely outside the os externum.

Le Paige also quotes La Vronyenne's case, in which the finger was introduced three days after the curette and a fetal foot extracted. Denis relates the case where the curette was used by a distinguished living obstetrician. For five minutes it was made to scrape the uterine walls, *sans ramener de fongosités*. The professor very properly explored the uterine cavity with the finger in order to make sure of one matter of some importance to any abortion case. His doubts were quieted, for he found a three and one-half months' fetus with placenta complete. Another obstetrician used the curette in a case of uncontrolled vomiting, but suspected that the curettement was not complete. His suspicion was correct, for the patient in due time was delivered at term of a living child, although the hyperemesis disappeared entirely after the curettement.

Le Paige makes a complete report of a case of a private patient where he experienced great difficulty in removing retained placenta even after full dilatation. He does not reject in toto the curette, as he admits that it is of value in partial retention of the placenta after abortion during the first two months of pregnancy, but he insists that the finger alone can make the obstetrician reasonably certain that no placental tissue is left behind. We are all aware that the finger, when possible,

should always be preferred to the most cunningly-devised instrument. The defining of the limits to the powers of the human digit is a most interesting subject. The obstetrician's duty is to make surer the relative value of the finger and the curette, an instrument widely used in this country for the removal of placental relics of abortion, yet its value as a safe and efficient contrivance is disputed.

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### HOW I OBTAIN AND HOLD MY BEST PATIENTS.\*

By H. W. Gates, M. D., Waco, Texas.

This, no doubt, is a most vital question with all, especially in our first years of practice.

Viewing the question from all points, it simply resolves itself into a literal translation of the Golden Rule, "Do unto others as you would have them do unto you," but unless you have cultivated to a high degree the control of the old Adam in you, you are likely to feel like changing the reading as well as the sentiment, and do unto others as they do unto you. But there is no way of evading the question, that it is necessary, no difference how skilled or how highly educated the person may be, for him to possess a certain amount of professional tact in dealing with the different classes of patients who visit him, and with the public in general. There is an inexpressible something in each of us that makes for success or failure. If we equip ourselves to the extent of our ability, both mentally and financially, make a practical use of the Golden Rule, start out with the determination and belief that we will succeed, success will come our way.

Now, this subject seems such a personal affair that I have been at a loss to know how to proceed in order that the ego may not appear too prominent. The first year of our practice was in the country, five miles from our present location, having made one change in twelve years.

We were not long in getting plenty of work to do, as a new doctor in a community will always get his share of the worthy poor, as well as those who never expect to pay, with an occasional call from a well-to-do, who has been the rounds of your neighbors.

Prompt response to all calls, wherever and whenever, gained for us an experience hard to get in any other way. Gradually practice became more lucrative; reasonable amount of success in relieving cases coming under our care passed from patient to friends, and in that way many of our best-paying patients were obtained. We all know that if we cure a patient of one trouble, and he pays you promptly, you are likely to hold

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\* Read before the Texas Eclectic Medical Association.

him for years; even if your success in a later case is not quite as brilliant as the first, he will have confidence in you that you will eventually cure him. But cure him and fail to get your fee, the very next time he needs a physician he will likely call your neighbor. We aim to have an established price for all, so that the patient who is financially well fixed, and who pays you a fair and reasonable price, does not think you have overcharged him. For the less fortunate, who are not really able to pay the stipulated price, there is a reduction made, though his bill is made out at the regular rate, with a discount to his credit. He feels that he has paid you, and is at liberty to call you again. A clear understanding about fees before beginning treatment, of any doubtful patron, and insistence on prompt settlement of same, will bring you patients and long-time friends.

Having felt the sting of adverse criticism, we heeded the lesson, and refrained from speaking aught against our co-workers, or *insinuating* in any way a disapproval of his methods, no matter how widely divergent were our views. The laity in general are very discriminating in regard to the integrity and honesty of physicians, and the pompous brother usually lands on his proper level after a brief period of popularity, if he remains in the same community long enough.

Envy and criticism of your neighbor physicians do not pay even in a commercial way, to say nothing of your loss of influence, dignity, and disturbance of one's peace of mind. A certain amount of aggressiveness, self-reliance and ambition is admissible so long as it does not infringe on the rights of others. There are men in the profession with brains, skill and education, who lack aggressiveness and business foresight, who are accounted failures. The physician, of all men, should have business methods, as that quality brands him as a painstaking individual in whatever line of work he undertakes.

It has been said by some writer that a physician ultimately falls into his proper place among his fellows; that pigmies will be pigmies, though perched on the Alps, and pyramids will be pyramids in vales.

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### CASE OF ACUTE INFECTION AFTER AN OPERATION.

N. A. Herring, M. D., Benton Harbor, Mich.

On June 2, 1906, I was called up by one of our local factories, telling me that one of their men had been injured in one of their stamping machines, and asking if I could give him immediate attention. I replied that I could, and asked them to have him brought up to my office. I immediately had my operating room prepared, and asked Dr. Taylor, of this place, to administer the anesthetic.

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The patient was soon brought in a hack, and after a preliminary examination I found that the first finger of his left hand had been completely crushed under the weight of the heavy iron stamp, leaving nothing but shreds of tissue, which had been infiltrated with oil and dirt from the machinery.

After placing him upon the table, and after having the anesthetic administered, I found it would be necessary to amputate the finger back of the second joint, which I proceeded to do, using every care to keep the injured parts thoroughly sterilized, and dressed the same in the usual manner.

After the patient had recovered from the effects of the anesthetic he was sent to his home, where, upon examination, I found the surroundings rather unfavorable. It was a small cottage, and the conditions were such that his care would have to be of such a nature that there would be some danger of infection, his wife being the only available person to give him attention.

He seemed to rally nicely, and for forty-eight hours nothing unusual presented itself in the case; but upon the second day after the operation I was summoned early in the morning, the patient having suffered considerable pain during the night, and upon examination I found considerable redness and swelling of the hand, following up to the wrist. I immediately ordered hot fomentations, and had Lloyd's specific tincture *echafolta* applied freely over the entire finger, hand and wrist, ordering the same to be kept up regularly. In the course of twenty-four hours I noticed the swelling had somewhat receded, but there were indications of pus forming, and with the assistance of Dr. Bostick, of this place, I made free incision into the finger and palmer surface of the hand, permitting free drainage of pus and other accumulated matter, which seemed to afford considerable relief to the patient. The hot fomentations, together with the application of specific *echafolta*, full strength, was ordered continued; also administered the following internally: Lloyd's specific tincture *echafolta*, two drachms; specific tincture *aconite*, ten drops; specific tincture *arnica*, twenty-five drops; *aqua pura*, qs., sufficient to make a four-ounce mixture. Dose, one teaspoonful every two hours.

This treatment was kept up for four days, during which time the conditions seemed to greatly improve. After this I continued as above, only discontinuing the *aconite* from the internal prescription.

His conditions continued to gradually improve until the twenty-fourth day, when there was no further indications of swelling, pain or pus formation. The patient made a perfect recovery, and soon went to work again at his usual occupation.

I have every reason to attribute my success in this case to the free use of echafolta, together with the free drainage and hot applications, and feel that I can depend upon echafolta as a sure and safe remedy in all cases of this nature, threatened with infection or pus formation.

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### **RIGHTS OF THE SURGEON TO PERFORM MAJOR OPERATIONS\***

**By Chas. Dowdell, M. D., Fort Worth, Texas.**

An important question of law arises, when an operation is performed upon a wife or child, as to whether or not the surgeon must first secure the consent of the husband or parent. In a well-considered case (*Janney vs. Housekeeper*, 70 Md. 162) the Court of Maryland denies that a husband has the right to withhold his consent to the performance of a necessary surgical operation upon his wife. The Court, speaking through Justice Yellott, said: "Surely the law does not authorize the husband to say to his wife, You shall die of the cancer; you can not be cured; and a surgical operation affording only temporary relief will result in useless expense."

A case is reported in 108 N. W. Supreme Court of Michigan—suit by father of deceased under what is known as the "Death Act." Deceased was seventeen years old and lived with his father. He went to the city with an aunt and two sisters, all adults; submitted to an examination, received some advice, and went back to his father with an agreement to return later to receive the report of an expert who was to make the microscopical examination. He returned accordingly, and with at least some of his adult relatives arranged to have a surgical operation of a not very dangerous character performed. Preparatory to this operation, while an anesthetic was being administered, the boy died. There was no evidence to indicate that the father had not approved of his son's going with his aunt and adult sisters, and consulting a physician as to his ailment and following his advice. The counsel for the plaintiff argued at length and with a good deal of force that, as the father is the natural guardian of the child, and is entitled to his custody and his services, he can not be deprived of them without his consent. But owing to the dearth of authority upon such cases they were unable to aid the Court by reference to any decisions in point. When the Court considered the question, "Are defendants liable in this action because they engaged in this operation without obtaining the consent of the father?" the Court held: "We think that it would be altogether too harsh a rule to say that under the circumstances disclosed by this record,

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\* Read before the Texas Eclectic Medical Association.

in a suit under the statute declared upon, the defendants should be held liable because they did not obtain the consent of the father to the administration of the anesthetics."

Following the reasoning of this decision, one can not see why a physician should be required to secure the consent of the parent before operating upon a child, provided the child is of proper age and discretion to understand the nature and effect of the operation proposed. As there seems to be no precedent upon this particular point, the question can not be authoritatively answered until a case involving the question shall arise which the parties thereto think sufficiently important to take to a court of last resort. And in face of this dearth of authority, the principal case from the Supreme Court of Michigan, following so closely the decision of the Court of Appeals of Maryland, will go far toward shaping the law involving the legal obligation of the surgeon to secure the consent of the husband or parent before operating upon the wife or child. The principle here disclosed seems in accord with the logic of the law. The English rule seems to be that the patient, by summoning a physician and placing himself under his care, trusts to that physician's judgment, and if in the latter's best judgment an operation is necessary, no further consent is needed. In other words, the law presumes consent to have been given. The American rule is to the contrary, and until the point is settled, the only safe method is to obtain consent.

## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By Harvey Wilkes Felter, M. D., Cincinnati.

[ Continued from page 89 ]

Upon the acceptance by Dr. Beach and his associates of the offer of the trustees to establish a medical department at Worthington, an amendment to the above-mentioned charter was said to have been made in 1829, establishing such a department of the college "for the purpose of studying the medical resources of our country, in addition to the ordinary curriculum usually pursued in medical colleges." (a)

(a) Alexander Wilder. The school at Worthington, in *Eclectic Medical Journal*, 1894, p. 551. In the Laws of Ohio appears no record of this amendment. Indeed, it would appear doubtful, from the wording of the act (which see) abolishing the medical department, whether such an amendment was ever made, but rather that the college operated under the elasticity of the clause in the charter of Worthington College (1819), reading: "*For the instruction of youth in all the liberal arts and sciences.*" However, Colonel Kilbourne, in a public address, speaks of the school as "here to remain appendant to, and connected with, the chartered college before existing; to be aided and assisted by this Board, with our chartered powers, in conferring the degrees and honors of the college on

According to Dr. Wilder, the Worthington Medical School "has the distinction of being the first institution of the American school ever created under the direct authority of a legislative enactment." (b)

The plan of opening a school in the growing West was now fully matured. The liberal offer of Colonel Kilbourne and the other trustees of Worthington College, offering their charter and edifice for the establishment of a medical department, seemed providentially to open the way for the advance of medical reform; and, losing no time, preparations were at once made to open the "*Reformed Medical College of Ohio*," better known as the "*Medical Department of Worthington College*." According to the *Resolutions of the Reformed Medical Society* (which see), Dr. John J. Steele, "a reformed allopathic physician of rare accomplishments," (c) was sent by Beach to examine the place, and if approved, to accept the offer and make the necessary arrangements to open the school.

The new institution was finally opened for instruction in December, 1830 (d), "with professors duly qualified to give instruction in all the regular departments of medical science, as well as collateral branches, by lectures, examinations, etc., with Dr. John J. Steele as president, but owing to some difficulties" (irrelevant to our subject), "it soon became necessary for Dr. Steele (e) to vacate his situation in the school, and it was filled by the present incumbent [Morrow] in the course of the ensuing spring." (T. V. Morrow.) Seven or eight students attended the first winter session; the number increased during the summer, so that in the winter of 1832-3 from fifteen to twenty were in attendance. "The most untiring efforts were made at this early period of its history, by its enemies, to prostrate it, by the dissemination of every species of falsehood and slander which the most envenomed malice could devise. No pains and trouble were spared to excite in the public mind prejudices against its peculiar principles and practices." (f) This "proved only partially successful in misleading the public," (g) for at the next

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those who shall merit them, in the classical, *medical*, or more general courses of science."

(b) Ibid.

(c) History of the Eclectic Medical Institute, by Prof. G. W. L. Bickley, in *Eclectic Medical Journal*, 1857, p. 57.

(d) T. V. Morrow, paper on Reformed Medical College, at Worthington, O., in *Western Medical Reformer*, Vol. I, 1836, pp. 5 and 97. See also Jenkins' *Ohio Gazetteer and Traveller's Guide*, first edition, p. 484. Several erroneous published statements have placed the date as 1832.

(e) Dr. Steele returned to New York City, and died shortly afterward.

(f) T. V. Morrow, in *Western Medical Reformer*, 1836, p. 97.

(g) Ibid.

session (1833-34) thirty attended; thirty-three or thirty-four the succeeding year, while in attendance upon the session of 1835-36 were forty students. In speaking of the early physicians in Worthington, Williams' *History of Franklin and Pickaway Counties* relates that one Dr. Kingsley Ray came some time after Dr. Upson, but did not remain long. He was of the regular or old-school persuasion, and "the people at Worthington were favorable to the practice taught in the Medical College, which was a botanic school represented by Drs. Morrow, Jones, Paddock, and others."

The college now started out with Dr. T. V. Morrow, president, and Drs. I. G. Jones and J. R. Paddock as professors.<sup>(h)</sup> In 1836 "*The Western Medical Reformer*, a monthly journal of medical and surgical science, by the medical professors of Worthington College, editors and proprietors," was launched to advocate and disseminate the doctrines and practice of the reformers. The cause flourished. The *Worthington Infirmary* was opened for clinical instruction in July, 1837. The condition of the reform movement may be inferred from Professor Morrow's statement in 1836.<sup>(i)</sup> He wrote: "There are now, in different sections of the United States, about two hundred regularly-educated scientific medical reformers, who have gone forth from the New York and Worthington schools; besides a considerable number of old-school physicians, who have come out and openly declared themselves decidedly in favor of the improved or botanical system of medical and surgical practice, so far as they have been able to become acquainted with its principles." <sup>(j)</sup> Though the term "botanical" is here employed, Beach and his followers never had anything in connection with the Thomsonian system, as is fully shown by the unrelenting attacks upon the reformers by the Thomsonians, whose acrimonious utterances were no less vituperative than those of the dominant school.

The college edifice <sup>(k)</sup> was an oblong, two-storied brick structure, well lighted, and painted a bright red color. Surmounting it was a cupola protecting a bell. This bell now calls the children to their studies in the commodious and elegant public high-school buildings which stand almost upon the spot where the old college was located. The anatomy

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(h) Williams' *History of Franklin and Pickaway Counties*.

(i) T. V. Morrow, in *Western Medical Reformer*, Vol. I, 1836, p. 5.

(j) Flattering notices of Worthington, and the medical department, are given in the *Ohio Annual Register* for 1835, p. 108; also in *Ohio Gazetteer and Traveler's Guide*, by Warren Jenkins, first edition, p. 484.

(k) The building is well remembered by Mrs. L. H. Wright, still residing in Dr. Morrow's house at Worthington, and by whom many interesting details were given the writer.



room, well lighted, was equipped like an amphitheater. According to a student (*l*) of that day, the college possessed excellent chemical apparatus, and it was really a good place in which to get a medical education. The old college building was torn down in 1875.

The leading professors of the college were men of great ability and extensive attainments. Dr. J. L. Riddell, who early filled the chair of chemistry, resigned in 1832 or 1833, and was later connected with the chair of chemistry in the University of Louisiana, and with the medical department of Cincinnati College (literary and scientific). Professor Riddell was succeeded by Professor Jonathan R. Paddock, M.D., (*m*) a fine scholar, who had previously held a professorship in the literary department of Worthington College. "He was an excellent chemist, a splendid botanist, and a friend of Mr. Sullivant, of Columbus," whose fame as a botanist was national. "Professor Mason was a good anatomist, and an interesting lecturer." Professor Day is described "as a fine lecturer, but was not so decidedly for reform as was Dr. Morrow, and he would occasionally prescribe some form of mercury." "Professor Morrow was a man of great medical knowledge and energy. In addition to his college duties he had an immense practice. He sometimes lectured on anatomy, and was able to take the place of any of the professors. He gave no calomel, and was decidedly for botanic medicines. His favorite alterative, which was perhaps given more than any other, was *macrotys racemosa* (cimicifuga). Some of the students called him 'Old Macrotys.'" (*n*)

As stated above, the college started with a Faculty of three professors. The announcement (*o*) (signed by T. V. Morrow, M.D.), of July 14, 1836, makes the following arrangement for the approaching session:

T. E. Mason, M.D., on Anatomy, Physiology, and Surgery — Eight lectures a week.

J. R. Paddock, M.D., on Chemistry, Botany, and Pharmacy.

I. G. Jones, M.D., on Diseases of Women and Children, and Medical Jurisprudence.

T. V. Morrow, M.D., on Materia Medica, Obstetrics, and Theory and Practice of Medicine.

The succeeding year (1837) (*p*) Dr. Morrow added Physiology to

(*l*) Rev. J. H. Creighton, M.D., now of Lithopolis, O., who graduated from Worthington Medical College in 1840.

(*m*) See sketch in biographical portion of this work.

(*n*) Extracts from letter from Rev. J. H. Creighton, M.D., July 5, 1901.

(*o*) *Western Medical Reformer*, Vol. II, 1836, p. 111.

(*p*) Announcement in *Western Medical Reformer*, Vol. II, June, 1837, p. 273.

his duties, and dropped *Materia Medica*, which was taught by Joseph B. Day, M.D., who also taught Surgery, Professor Mason assuming Operative Surgery. The July, 1838, *Circular* announces the resignation of Professor Truman E. Mason, and the appointment of Richard P. Catley, M.D., to the chair of Anatomy and Operative Surgery. This proved an unfortunate venture. The December number, 1838, closing the third volume of the *Western Medical Reformer*, announces in the college catalogue, "in order to prevent imposition on the public," the following list of professors "from the commencement of the medical department of this institution to the present time:" (q) John J. Steele, M.D.,\* † I. G. Jones, M.D., T. V. Morrow, M.D., W. Starrett, M.D., J. L. Riddell, M.D.,\* J. R. Paddock, M.D., D. L. Terry, M.D.,\* T. E. Mason, M.D.,\* J. B. Day, M.D., R. P. Catley, M.D.

All but Drs. T. E. Mason and J. B. Day are also named in the list of graduates.

Subsequently, Dr. A. Bronson, (r) a graduate of the college, is said to have occupied a professor's chair for a brief time at least, and Dr. B. F. Johnson, (s) son of Governor Joseph Johnson, of Virginia, another graduate, was also a professor, remaining through the succeeding dark days of the college. Moreover, a diploma of 1840 is signed by Colonel James Kilbourne as president; Drs. T. V. Morrow, J. B. Day, I. G. Jones, J. R. Paddock and G. W. Chevers, as members of the Faculty. (t)

In an *Annual Circular and Regulations*, (u) relating to the medical department of Worthington College, issued as a *Western Medical Reformer Extra*, (v) July 8, 1839, reasons for the diminished classes are given, and a new set of regulations adopted, which it was hoped would remedy some defects in the organization. This circular also states that the fall and winter course will have five lectures daily, and continue five months; the spring course provided for lectures on each alternate day, to continue three months. The last week of each session was set apart for examinations, for graduation, and for the granting of

(q) The mark \* denotes *resigned*; the mark † denotes *dead*.

(r) There is no official mention of Dr. Bronson as a professor previous to 1839, and the Rev. J. H. Creighton (now of Lithopolis, O.), who graduated from Worthington Medical College in 1840, writes me (July 5, 1901) "that Bronson came to Worthington while I was there, but I never knew him as a professor."

(s) See sketch in biographical portion of this work.

(t) Alexander Wilder. Worthington College, in *Eclectic Medical Journal*, 1894, p. 557.

(u) This valuable circular was kindly loaned by Miss Esteen R. Paddock, Maysville, Ky., daughter of Dr. J. R. Paddock.

(v) The *Western Medical Reformer* had already been suspended.

degrees. At no other time could degrees be granted, excepting honorary, unless by a special act of the Board of Trustees.

The path of the reformer is at no time easily trodden. Worthington Medical School, with its promoters, shared the common lot of pioneer institutions. Although for the most part the Faculty was unusually harmonious, dissensions gradually arose which were to darken the way for Morrow and his faithful associates. When Dr. I. G. Jones, owing to increasing practice in the Capital, was obliged to remove to Columbus, a graduate of the institution (in 1832), Dr. D. L. Terry, was called to a professorship, and was also taken into partnership by Dr. Morrow. Not long afterward he began to sow seeds of discontent among the students, and at last, in May, 1836, went over bodily to the Thomsons, and subsequently engaged in acrimonious disputation through the *Botanical Recorder* with the Faculty at Worthington.

(To be continued.)

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## Eye, Ear, Nose and Throat.

CONDUCTED BY KENT O. FOLTZ, M. D.

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### NOTES ON THE EYE.

**MILIARIA (PRICKLY HEAT).**—This is not infrequently found on the eyelids, especially in fat babies. It is an acute inflammation of the sweat glands. Areas of small red papula and vesicles which itch intolerably, and a burning sensation of the skin, are characteristic of this condition, and is due to excessive sweating. Occurs in hot weather, or among those who are confined to rooms excessively warm.

**Treatment.**—An unirritating toilet powder or the comp. stearate of zinc will give relief.

**ASTEATOSIS.**—A diminished or complete absence of sebum characterizes this affection, and it is liable to cause ectropion of the lid.

**Treatment.**—Jaborandi, phytolacca, or arsenic in some form are usually indicated. Locally, the use of lanolin, salicylic acid ointment or benzoinated lard may prove useful, but a complete cure is improbable.

**STEATOMA.**—A cyst or tumor accredited to the dermoid class. These are not unusual, and most frequently but one is found. The favorite location is near the outer canthus, and may be on either lid. The development is slow, and usually follows an injury to the mouth of a sebaceous gland. The tumor, which is round and smooth, varies in size from a pinhead to a hazelnut, and consists of broken-down epithelial cells, which form a pultaceous mass. They may occur at any age.

**Treatment.**—Incise and destroy sac.

**VARICELLA.**—Infrequently found affecting the lids, but when it does, there are practically no subjective symptoms until the crust formation, then there will be more or less itching, and if the crust is removed, a scar will remain.

**SCARLATINA.**—Frequently there is a catarrhal conjunctivitis and more or less chemosis. The external surface of the lids partake of the characteristic hue. When desquamation occurs, care must be exercised that the scales are not forcibly removed.

*Treatment.*—For the conjunctivitis the remedies given under acute catarrhal conjunctivitis are required. Mild, unirritating ointments to the lids should be employed during the period of desquamation.

**RUBEOLA (MEASLES).**—This disease affects the eyelids, and causes a distinct simple catarrhal conjunctivitis. Usually there are no serious after-effects.

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#### **OPERATION FOR SECONDARY CATARACT.**

Jackson urges more importance being given to success in operating for secondary cataract, stating that there are ten failures in practice of the needle operation as compared to but one for extraction. He deplors the lack of space to the former given in the average text-book.

He cites the following points (*Archives of Ophthalmology*) as essential in the proper performance of the knife-needle operation for secondary capsular cataract: (1) To see the operation there must be a strong oblique illumination of the eye, and the surgeon must possess powerful accommodation, or use spectacles with strong convex lenses, or the binocular magnifier. The reflex from the cornea can with certainty be avoided only by depending upon focal illumination in a dark room. In order properly to place the point of the knife for the incision and to determine the exact situation of thickened bands of capsule and synechiæ, it is necessary to make use of a binocular magnifier, planned to give a working distance of six inches, while the eye is seen through three-inch lenses.

(2) The knife needle must be perfectly sharp, and its shank must exactly fill the external opening to prevent escape of aqueous. To avoid tearing the capsule, force must be exerted exactly in the direction of the cutting edge. Escape of aqueous adds to the difficulty and uncertainty of the operation.

(3) The knife needle must be entered through the vascular tissue of the corneal limbus, and not through the clear cornea. Entrance through the limbus gives practical immunity from infection by going through a vascular tissue. The incision at the limbus doubles the length of leverage, and more than doubles the length of the incision that may

be obtained by a sweep of the needle. The objections which have been urged to entering the eye through the limbus, namely, nearness of the puncture to the ciliary body, greater difficulty in cutting a membrane obliquely, and greater difficulty in exactly placing the point of puncture, are shown to be largely imaginative.

(4) Two incisions are necessary, preferably T-shaped or V-shaped. The incision which is nearer to the point of entrance through the limbus should be made first, because it is more difficult. Great care must be taken to see that the second incision passes fairly into the first and does not leave a bridge of membrane between.—*Medical Review of Reviews*.

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#### ADRENALIN IN SPRING CATARRH.

Grimsdale (*The Ophthalmoscope*, July) agrees with Darier that there is actually but one disease in which adrenalin is really specific, and that is spring catarrh. As is well known, the treatment of this condition, apart from the use of adrenalin, is most unsatisfactory; even the slighter forms linger on for years, the vegetations being scraped, cauterized, and otherwise maltreated, until the conjunctiva is left permanently scarred, when at last the disease ends, either yielding to the energetic measures adopted, or coming to a natural conclusion. Perret was the first to call attention to the therapeutic action of adrenalin in this disease.

Grimsdale relates a case as follows: In a child of seven, the upper cul-de-sac of the conjunctiva and the surface of the tarsal cartilage of the upper lid were thickly covered by fine papillary granulations. There were no large sago grains, and the cornea was absolutely normal. The fellow eye was unaffected. Astringents and protargol proving entirely ineffective, the granulations were snipped off, which procedure was followed by temporary improvement. The granulations, however, reappeared after a few weeks. Adrenalin chloride 1-2000 was then ordered to be instilled three times daily. Continuation of this treatment for seven months resulted in complete and permanent cure.—*Medical Review of Reviews*.

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#### SYPHILITIC OPTIC NERVE ATROPHY.

Posterior subconjunctival injections of sublimate may be given with but little pain, if the sublimate injection is preceded by the injection of cocaine. The conjunctiva should be incised and carefully separated from the episcleral tissue, and the injection made far back toward the apex of the orbit. The eye need not be bandaged after the injection, but cold applications should be made for half an hour. This method of treatment of cases of atrophy of the optic nerve has, in the writer's hands, proved of no more value than the usual routine treatment by mercury, potassium iodide, and strychnia, and offers no encouragement for its continued use.—C. S. Bull (*Journal of the American Medical Association*).

### Periscope.

#### CASTS IN THE URINE.

In an interesting article in the *St. Louis Medical Review*, Dr. Louis M. Warfield, after reviewing the history of casts, their origin and the findings in various nephritic conditions, makes the following suggestions in regard to their significance: that the epithelial cast, being the easiest formed, may be found in large numbers as a result of a simple "catarrhal condition" of the epithelium. They may occur in large numbers for a day or two and never be found again. Found alone, they are of no practical significance, provided that the occurrence is transient and that the patient's vascular system shows no evidence of disease. Coarsely granular casts mean degeneration of the kidney cells, not changes in the epithelium. These casts usually mean some acute disease process in the kidney parenchyma. They are rarely found in the subacute and chronic processes, except the parenchymatous variety.

The finely granular cast and the hyaline, on the other hand, indicate a slow irritation long continued, a subacute or chronic process.

Waxy casts are an indication of considerable damage to the kidney, as a rule, while blood and pus casts are interpreted as evidences of severe acute disease.

He emphasizes the importance of not relying upon one examination, and asserts that absolutely no opinion can be formed from the examination, microscopically and chemically, of one specimen of urine. It is readily conceivable that in a kidney, the seat of a slow chronic process casts may be few in the urine, and may escape the most careful search for a number of days. Then, following some change in circulatory conditions, or some slight irritant, large numbers will be found. Frequent examinations, therefore, are necessary in many cases.

The following conclusions are drawn:

1. The epithelial, granular and hyaline casts have a common origin from the epithelial cells of the convoluted tubules by a degeneration and metamorphosis of the cells.

2. Casts alone, or casts and albumin, give no definite data as to the anatomical kidney condition. They may be found in greatest numbers in non-nephritic conditions, and, *vice versa*, in the severest grades of nephritis there may be few or none.

3. Casts alone have no diagnostic or prognostic value, except after frequent examinations, and then only after a careful physical examination.

4. Epithelial, blood and pus casts are more common than is generally supposed. They may occur in a great variety of conditions, and do not merit the significance usually given them.

5. The discovery of hyaline casts on repeated examination means a subacute or chronic kidney lesion. Their number is not of such importance as the length of time during which they occur.

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### **CALCIUM IN THE TISSUES.**

A certain proportion of calcium ions is necessary for the healthy life of protoplasm, as well as for the maintenance of the normal coagulability of the blood. An increase in the concentration of these ions is always accompanied by a depression of function, and a diminution by excitation. For instance, if a salt which precipitates calcium, such as sodium metaphosphate, be directly applied to the brain or to the medulla, a general and local excitation is produced, which disappears on the application of a suitable quantity of a soluble calcium salt. The researches of Loeb, as well as those of the author, have shown that such salts as sodium citrate, tartrate, and metaphosphate also provoke muscular contraction, and this, again, is diminished by the action of soluble calcium salts. MacCallum, in his investigation into the mechanism of the action of saline purgatives, showed that these drugs owe a good part of their effect to an increased irritability of the neuro-muscular apparatus of the intestine, due to the deprivation of calcium ions. The presence of an excess of calcium, besides lessening nervous and muscular activity, also diminishes the secretion of urine, and the permeability of the renal epithelium to sugar. As a result of such observations, Loeb came to the conclusion that the irritability of the nerves and muscles and the rhythmical activity of different organs are dependent, among other things, upon the relation of the calcium to the sodium ions. The toxic dose, for animals, of sodium tartrate, citrate and metaphosphate is proportional to the decalcification which they produce. From the point of view of transfusion for clinical purposes, it is important to notice that sodium carbonate, applied directly to the brain, has a depressing action, attributable to the alkaline or hydroxyl ion. If, however, it is injected into the circulation, sodium bicarbonate is formed, which does not exert this effect to the same degree. This appears to support the practice of preferring bicarbonate to the carbonate for injection into the blood whenever an alkaline infusion may be desirable, as in those diseases which are accompanied by an acid-poisoning.—*Sabbatani (Arch. Ital. de Biol., February, 1906; British Medical Journal, August 4, 1906).*

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In determining the cause of a post-operative fever, never fail to look at the throat.

**CALCIUM SALTS IN CERTAIN HEADACHES.**

The writer states that there occurs often in women, and less frequently in men, a headache having the following characteristics: (1) It is present and most severe on waking, and tends to lessen or to disappear in from one to six hours. (2) It is usually a dull, heavy ache or a frontal or temporal throbbing; less often it is vertical, occipital, or unilateral; rarely is it neuralgic. (3) It is chronic and intractable, but may exhibit itself as the common occasional headache to which many are subject. (4) It is associated with a deficient coagulability of the blood. The subjects of this form of headache are usually of the lymphatic type. The expression is heavy and listless, the face is full and the eyes puffy, anæmia is often present, and the whole bearing indicates mental and physical lassitude. Symptoms which are often associated with the headache are pain after eating, constipation, œdema of face or extremities, dyspnea, chilblain or urticaria, and neuralgia.

As treatment, the author has employed the following in a number of cases with success: A calcium salt has been given in order to increase the coagulability of the blood; the lactate is to be preferred and may be administered in a mixture containing fifteen grains of this drug, half a minim of tincture of capsicum, and an ounce of chloroform water, to be taken three times a day before meals. If the lactate can not be obtained, the chloride may be substituted, fifteen grains in an ounce of camphor water. Calcium lactate may be combined with bitters and with iron and strychnine, but not with alkalies or alkaline carbonates. The constipation should receive appropriate treatment, and the admixture of a certain amount of milk to the diet is advisable. The regimen should be simple; alcohol, shell-fish and strawberries should be avoided. The author suggests that the calcium salts may be useful in neuralgias when accompanied by diminished coagulability of the blood, and in misgraine. He has treated six patients suffering from chronic nephritis with these salts, and in five the headaches and œdema were greatly lessened.—*G. W. Ross (Lancet, No. 4299, 1906; American Journal Medical Sciences, September, 1906).*

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**CHLOROFORM WATER AS A HEMOSTATIC.**—Spaak (*Le Journal de médecine*, September 16, 1906) has used for several months chloroform water as a hemostatic agent. He found it superior to all other styptics, and recognized the following advantages: It acts with marvelous rapidity. It has not the slightest disagreeable taste or odor. It is not escharotic. It is cheap and easily obtainable, and can be made as required. It is not unpleasant to apply, and does not inter-



fere with the surgeon in his operations. The solution he recommends is two per cent., in simple water, as the menstruum.—*New York Medical Journal*.

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### **SURGICAL SUGGESTIONS.**

A persistent, chronic discharge from the nose should lead one to suspect chronic disease of the frontal or other accessory sinus.

When a patient complains of dysphagia, do not neglect to examine the pericardium for effusion.

It is remarkable how frequently a purulent pericarditis may exist without causing many or severe symptoms. Never neglect an examination of the cardiac area, therefore, in cases of suspected sepsis.

Do not be too hasty in making a diagnosis of intercostal neuralgia. With the exception of pulmonary and pleural conditions, ulcer of the stomach simulates intercostal neuralgia more frequently than any other lesion.

Do not be too sure that a mass in the region of the pylorus is a carcinoma. In some cases the infiltration around a chronic ulcer is very extensive, and may simulate the feel of a new growth.

It is surprising how much information can be derived by abdominal palpation conducted with the patient in a hot bath, the temperature of the water being gradually raised to 105° F. It usually secures as much relaxation as does the administration of an anesthetic, sometimes even more. In addition to the avoidance of the dangers and the disagreeable features of narcosis, it has the important advantage that the patient is able to call the examiner's attention to sensitive areas.

Ascites in the presence of a mass in the pelvis usually, but not necessarily, means malignancy.

Gradually increasing jaundice without previous history of pain, or with a history of very slight pain, is very suggestive of malignant disease.

Do not consider too lightly a history of "growing pains" in the extremities in children. These symptoms may be due to a grave osteomyelitis.

A subcutaneous tumor with a history of puncture or the presence of a minute scar in the overlying skin, usually means that one is dealing with an inclusion or so-called Ranvier cyst.

Do not amputate an extremity for sarcoma without a previous careful examination of the lungs and mediastinum for metastasis. Such symptoms as continued cough, a small hemoptysis or beginning dyspnea, should be regarded as highly suggestive of such a complication.—*Amer. Jour. of Surgery*.

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## WHOOPIING COUGH.

Dr. Stephens' article on "Solanum" in the December number of this journal has inspired a few remarks on the subject of whooping cough.

Our experience with the remedy as a specific in the disease referred to tallies with that of Dr. Stephens in that, while it has proven reliable in some cases, it has proven disappointing in others. It happened that the results were flattering in the beginning, in our experience; but later on considerable disappointment followed its use in other cases. Relating this fact to Dr. Best at the Saratoga meeting of the National, in 1905, it was learned that the form of remedy depended upon by him was a fluid extract prepared from the berries by a drug firm located, we believe, in Indianapolis. His contention was that the berries furnish a more reliable principle for the purpose than preparations from the whole plant. The form employed by the writer was the specific medicine, belonging to a usually very reliable class of remedies.

At that time we resolved to procure some of the form described by Dr. Best, and give it a trial; but the matter was neglected until new cases presented themselves, and there being no time to spare, a new treatment was tried. This was not the trial of new remedies, but an alternation of two remedies which had before served a good purpose. It has been followed by such good results that it is here offered for what it is worth.

Add from ten drops to half a drachm of specific drosera to four ounces of water, and order a teaspoonful every two or four hours, according to urgency of symptoms, and alternate this remedy with two-grain doses of the third decimal trituration of magnesium phos. Both remedies are capable of relieving pertussis alone, and the alternation of the two seems to cover the ground in this section and climate,

at least in this season. In another year it might prove disappointing; but so long as it does as well as at present, nothing better could be asked for.

We have practiced medicine in several parts of this big country, but have never yet found a place where malarial complication is not liable to embarrass the action of the best specifics we possess. It is well to remember this; and wherever a possible suspicion of its presence exists, supplement the specific treatment with small doses of arseniate of quinia. These should be at least as small as two-grain doses of the third decimal trituration. In small children one grain would be more appropriate.

The difficulty in laying down specific indications for any particular whooping cough remedy is, that the symptoms of the paroxysms are so nearly alike that differentiation as to remedies for the convulsive action would be hairsplitting. At least so it seems to the writer. Of course, complications might arise which would demand this remedy or that. For instance, a strumous child might develop a troublesome bronchitis, which would require tartar emetic, ipecac, calcarea carb. or calcarea phos.; but these remedies would exert much influence upon the spasmodic element.

If some one in charge of a children's hospital, orphans' home, or some such institution, were a zealous specific medicationist, he might be enabled to intelligently compare cases and come to some satisfactory conclusion as to the differentiation of remedies; but the general practitioner seldom finds more than one or two cases together, and seldom witnesses a paroxysm of cough from which to draw conclusions. It is probably safe to assert that an empirical treatment is yet as good a proposition as we can make in this disease.

We know that certain remedies are liable to afford us good results, and that there is so much certainty about this that we can take the risk of promising our patrons benefit after a trial or two at least. It is well to make the reservation that the remedy must be allowed at least a week's trial before being condemned, and at the beginning of every epidemic the patient should be informed that possibly the second trial will be required before the proper remedy is found.

As Dr. Stephens remarks, our old school neighbors are prone to instill the idea into their patrons that there is no remedy for the disease; and this affords us quite an advantage, even with our somewhat limited resources. Many cases require the remedy several times during the course of the disease; for a cold will very likely cause a relapse. It is a good plan to supply enough to carry the patient through at least a month, and a renewal of the remedy after that is often necessary.

However, with the means at our disposal we will be able to carry every case through without serious complication and with little cough, which is saying a great deal, considering how many die as a result of its neglect or maltreatment.

WEBSTER.

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## SPRAINS.

A sprain is a subcutaneous stretching and twisting of a joint, attended with laceration of its capsule and ligaments, and a temporary displacement and separation of the articular ends of the bones. The bone ends return to their normal position when the force causing the sprain ceases to act. Sprains are usually due to a lesser degree of the same kinds of violence that produce dislocations.

The most obvious classification is sprains with swelling, and those followed by stiffness and pain only. Complications consist of bruising the articular ends of the bones, and tearing or chipping off bony prominences, which serve as points of insertion for ligaments and tendons.

Symptoms are pains of an intense character in a joint, paralyzing its function. In most cases there is diffused swelling in and around the joint. If the swelling is immediate, it is due to extravasation of blood. If deferred, it is the result of inflammatory exudation. In the joint it is evidence of synovial effusion. If fracture complicates the sprain, effusion is much increased. It will be convenient to further divide sprains into—*a*, simple sprains; *b*, sprains with fracture, and *c*, sprains with nerve laceration.

For simple sprains, either with or without swelling, massage is a magical remedy. Pain can be entirely relieved and function practically restored in a few days, less than a week. Careful examination of a case, to detect possible fracture, should first be made. The X-ray, when available, is a valuable aid to diagnosis. In lieu of this it is well to regard any case a sprain-fracture which does not immediately improve under massage treatment. Therefore treat all doubtful cases as fractures; especially phalangeal and metacarpal joints. Baseball players frequently suffer fracture of the base of a phalanx, which remains undetected and not properly treated; the result being ankylosis of the joint in a position of flexion. If pain is referred to a distant part, and is accompanied with numbness which lasts more than twenty-four hours, there is a nerve lesion. Examination should always be made of the distal portion of the extremity as to sensation. Fracture with nerve laceration is most difficult of all to cure; some cases nearly or quite impossible.

Summarizing the treatment: For simple sprains, with pain and stiffness — rest, with pressure, as by adhesive plaster strapping, for a day or two, to relieve pain; then massage once or twice a day, and encourage voluntary movement.

Simple sprains, with swelling: Hot fomentations, with rest. As soon as swelling is arrested, or ceases to increase, apply gauze bandage, removing for massage and passive motion, and reapplying every day. Permit voluntary movement soon.

Sprains complicated with fracture require different treatment only in one respect: careful adjustment of fragment, and rest in splints until united, seldom more than ten days, often less; then massage, with passive motion; voluntary motion being deferred until later. Instead of detachment of a bony fragment, a fissure fracture of an articular surface may complicate sprain. This will present no special symptoms, and the diagnosis must depend on the persistence of pain and tenderness far beyond the time required for cure of simple sprain. This variety must also be given rest for a brief period, with fixation dressing, before continuing massage treatment; but voluntary motion may begin sooner.

Sprains with nerve injury should always be given a guarded prognosis. Massage is here contraindicated, until rest has been prolonged, to relieve all the symptoms. Then careful massage, very gentle at first, and, after two or three days, galvanism, flying blisters and stimulating embrocations may be added to the treatment.

In all cases requiring rest it must be borne in mind that too prolonged immobilization has often resulted in stiff joints, from adhesion of muscles and tendons to the bones, or in such wasting of muscles that the joints become relaxed and wobbly. If detached fragments of bone can not be replaced or retained in place, incision should be made and sutures inserted; ruptured tendons also may require saturing.

CHURCH.

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## COMPENSATION.

A supervising intelligence is not a necessary condition precedent in attempting to account for the principle of compensation — it (compensation) is simply an element of the vast cosmic fact. Compensation *is*, just as gravity, etc., *is*. It was never originated, even as no thing was created. It touches the extremest limit of absurdity to insist that *something* was evolved from *nothing*, in the face of its inescapable corollary — the indestructibility of matter. Compensation, like every other cosmic fact, depends on the principle of action and reaction; and this principle always has been, and always will be. Action forever

finds its correlate in reaction, whence that equilibrium upon which the integrity of the universe depends. It is this that makes possible that hopeless question (the opprobrium of "creation"): "Is life worth living?" What a shuddering commentary this is on the "intelligent beneficence" of our scurvy old universe!

Thus much as a preparative for a brief consideration of the *price* fact in relation to drugs. *Everything*, without the possibility of exception, charges a price, and this price essentially holds the precise value of what it stands for. This is, of course, true of *all* drugs; but the fact can be most readily illustrated in relation to anodynes. The coal-tar drugs possess a more or less analgesic property; but they are heart depressants. They injure the heart to exactly the degree that they alleviate pain. Pushed too far, they will abolish all suffering — by abolishing life! This is exactly true of all pain-easers. The opiates are the greatest pain controllers — excepting chloroform — and they, including chloroform, charge their full price. There is no royal road to pain extinction, any more than there is to any other desideratum.

Is the overcoming of pain worth its price? Whether it is or not, the physician is forced to use pain alleviators. If you could convince a patient that the anodyne were more vitally expensive than the pain, he would infallibly take the bit in his teeth and demand relief. If you refuse, he will get a doctor who won't refuse; and who shall blame him, since five minutes of painful life will offset a month of painless life?

COOPER.

### DIAPHORETICS AND ANTIHYDROTICS.

In specific medication we have no special therapeutic classification of drugs, but find that the indicated remedy will meet all the demands of the situation. Still, there are medicines which especially exert their influence upon special organs and tissues, or which have an affinity for particular structures. Remedies which promote cutaneous secretion are called diaphoretics, and those which restrain or check this function are designated as anti-hydrotics. In this short article we shall not attempt to discuss all such agents mentioned in the *materia medica*, but will confine our remarks to two of each class.

*Asclepias tuberosa* is a non-stimulating remedy which induces increased activity in the glandular structure of the skin, and may, therefore, be used in pyretic conditions without increasing the bodily heat. *Asclepias* does not, as a rule, produce profuse sweating, but increases insensible cutaneous transudation. When given as a diaphoretic, an infusion is best. This is prepared by placing one ounce of the powdered root in a vessel and adding one pint of water at the boiling point. After

cooling, administer one tablespoonful every hour or half hour, when the patient will sweat freely and for several hours. *Asclepias* increases the elimination of effete material through the skin, and may be given even when the skin is already moist.

*Jaborandi* is one of our best skin remedies, and in large doses is sudorific. The alkaloid pilocarpine will produce local sweating when mixed with an excipient and applied to a part of the body. An infusion of *jaborandi* leaves, one ounce of the powdered drug to four ounces hot water, may be given in tablespoonful doses every ten or fifteen minutes, and will cause a profuse perspiration. The specific medicine in ten or fifteen drop doses will produce a similar result, but not so rapidly. We usually rely upon pilocarpine in from 1.10 to 1.50 gr. tablets, administering one or more of these, according to the indications. In this alkaloid we have an agent with which, by careful manipulation, we can control skin functions at will, promoting secretion just to the degree desired. We frequently administer pilocarpine in very small doses, 1.50 to 1.100 gr., to insure a continuous although mild diaphoresis. So many are the occasions when it is necessary to control the cutaneous function that the usefulness of this drug can hardly be overestimated. Pilocarpine is a powerful and valuable agent when rightly used, but when contraindicated its exhibition is not unattended with danger. It is well to mention the extreme exhaustion which may follow the administration of *jaborandi*, which sometimes occurs even after the greatest precautions. These prostrations more frequently follow the hypodermic injection of pilocarpine. Atropia will generally counteract the untoward effects of *jaborandi* or its derivatives.

Of anti-hydrotic we have two good remedies. *Belladonna* will dry the skin, but the alkaloid is more convenient and reliable as an anti-hydrotic. Atropia in 1.500-gr. pellets, one or two, three times a day, restrains perspiration. In atropia we have a delicate agent with which we can restrain skin secretion directly, skillfully manipulating our remedy as an expert musician controls the tones of his instrument from pianissimo to fortissimo. We also have an anti-hydrotic in aromatic sulphuric acid, which may be given, in one or two-drop doses, well diluted with water. The frequency of the dose depends upon the condition of the patient, but it may, usually, be taken every three or four hours. Aromatic sulphuric acid will check the excessive sweating of chronic malaria, of typhoid fever, of pneumonia, when from weakness, or in any case where the profuse perspiration is due to debility.

Armed with atropia and aromatic sulphuric acid, we are well fitted to meet and subdue such cases of extreme sweating as we meet in practice.

WATKINS.

**MACROTYS—THE RIGHTS OF AN ESTABLISHED NAME.**

"The pharmacist's familiarity with the origin of the crude drugs, his knowledge of the variations and changes in botanical nomenclature, and his acquaintance with the methods whereby combinations are effected, give him a peculiar advantage in assisting the correction of errors or misstatements. As an example of what is possible in this respect, the botanical name of cimicifuga has been successfully changed from macrotys racemosa to actaea racemosa, and that to the present form of cimicifuga racemosa. It would be quite possible to make a palatable preparation of cimicifuga and exploit it under the obsolete title of macrotys, referring to it as 'an indigenous drug of unusual value in the treatment of certain nervous affections,' and thus impose upon a large proportion of medical practitioners, who are not aware of the manipulations to which botanical nomenclature may be subjected."—*American Journal of Pharmacy, October, 1906.*

The above, from an article by Dr. Charles H. LaWall, is of some little interest to Eclectics by reason of the fact that it is a fragment of a paper in which the author is attacking, and very properly, the method adopted by some people of introducing to physicians unknown plants, or even fictitious plants, which can not be found anywhere.

During our experience we have come across many such impositions, and have exposed not a few of them. But it can be said that the artful manipulators of such impositions have heretofore been able to bloom out in some other similar direction without, seemingly, being very much disturbed over a previous exposure.

In the case Dr. LaWall mentions, however, we would call to our readers' attention the fact that the term "macrotys," made popular by Rafinesque in the beginning of the last century, was adopted by the Eclectic school in medicine as the proper name of the plant now known by botanists as cimicifuga racemosa.\* This name, macrotys, has always been the preferred name in Eclectic literature, and is the dominating name now employed in many directions, being the term perhaps best known to the users of Eclectic remedies.

Whilst upon this subject, we can not but resist the custom of changing established names in therapy and in pharmacy for the fleeting perambulations of the professional botanist. The discovery of a title antedating a present name may lead a professional botanist to introduce that long-dormant title as primary, this name retaining its place in botanic literature until another anticipator of the name is discovered, when it may be again changed in name. Thus, if the professions of medicine and pharmacy are willing to be thus buffeted about, the botanist may lead, and does lead, the physician and the pharmacist a merry



dance among the names that are juggled into existence and out again.

Take for example the well-known plant established a century ago under the name "Helonias." Who of the users of that drug, be he Eclectic or otherwise, employs the term "Chamælorium," which is now, and for years has been, the dominating name in botany? And who of the users of a drug established in this way cares for the wanderings of the pedigree-botanist who is hunting up the musty records of the past in order to change a name to conform to an application given to it by a stumbling discoverer in the far-distant past? Amerigo Vespucci once wrote a book about a recently-discovered land, and thus it was that the continent was called by his name, America. Who would now advocate the changing the name America to Columbia, or Columbiana, even though it might be found that Columbus had recorded such a name, which should, if botanical precepts be right, have been given to the newly-discovered continent?

But our aim is not to point out the wrongs that may be done in such directions as this by the intrusive botanist, who seeks not to disturb us, but to say that the term *macrotys racemosa* is the authorized name of the drug that is used most largely by those who use that drug, and, under the name *macrotys*, have done so since the day of Rafinesque, nearly a century ago.

LLOYD.

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### REST IN BED.

Perhaps one of the greatest prophylactic measures in the prevention of, and certainly in modifying diseased condition, is rest in bed. I am satisfied a "sick spell" could often be avoided were the patient to take his bed as soon as the danger signals of disease were first noticed, such as headache, malaise, loss of appetite and sluggish secretions. Nature thus endeavors to arrest the attention of the individual and give him a chance to recuperate, and though the various organs may do their work for days, though under protest, before compelling him to take his bed, yet were the warning heeded, much valuable time would be saved, and not infrequently life.

I am aware that the almost invariable "I have no time to go to bed" is the response of a patient when thus advised, yet if presented rightly, the physician can generally persuade him of the wisdom and the necessity of such a step.

I was forcibly impressed with the benefit of "rest in bed" during the past summer in a case of tracheo-bronchitis. The patient, a *very busy, active* woman, had been troubled with one of those *intractable* coughs that not infrequently worries the doctor as well as the patient.

I had prescribed the indicated remedies that usually give relief, but the cough persisted and would not yield. With the progress of the cough, a local lesion, systemic disturbances appeared, the temperature rising to 102°, compelling the patient to go to bed. To our surprise, the cough of several weeks' standing disappeared in less than a week, nor did it return when the patient resumed her active duties, some weeks later.

The season for the various respiratory lesions, grip, laryngitis, bronchitis, pneumonia, pleurisy, etc., is upon us, and the physician that will cure his patients the quickest and with the least suffering to the patient is the one who firmly insists on putting the patient *early* to bed, and keeping him there till he is fully recovered. Too often the grip or bronchitic patient persists in working for one, two or three days after the invasion of the disease and then endeavors to return to his work several days before he is fully restored to health. It is not surprising that the acute respiratory diseases are followed by such varied sequelæ, and that not infrequently tuberculosis follows the acute disease. What is true of respiratory diseases is equally true of many lesions, and the successful physician is the one who can secure rest in bed before the system is exhausted by persistent work long after nature calls a halt. Rest in bed is the strongest ally the physician possesses.

THOMAS.

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### TYPHOID FEVER.

A recent experience in the reduction of temperature in a typhoid-fever patient was to us positive proof of what we have said to the profession many times. The case came to us in the latter part of the second week. The chart shows 103° F. The tongue was white and pasty, inclined to dryness. The capillary circulation was very sluggish. The imprint of the whole hand to the finger tips could be shown upon pressing it slightly upon the abdomen. The bowels were only moderately loose. The patient was very nervous, and had been so from the onset of the disease, according to the history of the case.

Instructions were that at least thirty or forty ounces of water should be given the patient every twenty-four hours, in which was dissolved bicarbonate of soda, one-fourth teaspoonful to the glass of water; that it should be taken *ad libitum*, and at a temperature that seemed most pleasant or agreeable to the patient — cool or cold. There was prescribed belladonna seven drops, rhus tox. ten drops, and capsicum twelve drops, to four ounces of water; a teaspoonful of the mixture to be given every hour while the patient was awake. In less than twenty-four hours the bowels began to move very freely and frequently, and, as we judged, physiologically, for the tongue became moister and cleaner; the circu-

lation improved and the features brightened; the skin softened, and the temperature dropped to 99° F. by the end of the third day. By this time bowel conditions had changed; the discharges were too frequent. In our judgment, they had gone beyond the physiological line. Nature was not quite able to check them, and assistance was given in the form of a few doses of diaphoretic powder. The kidneys acted nicely. The belladonna flushed the capillaries, inside and out, and perhaps increased peristalsis to a degree. The rhus tox. relieved nervous tension, and the capsicum, a stimulant, helped the other two remedies to help tired, sick nature to restore rhythm and help herself. The temperature came down without either of the special sedatives, aconite or veratrum. We do not feel that we have done our whole duty to the people or to the profession in presenting such experiences as this while the custom of prescribing sedatives simply because the thermometer, and frequently a very cheap and unreliable one, shows an increase of temperature. Direct fever-reducing remedies *all* lessen the chances of recovery when given to a patient who is stricken with typhoid and other continued fevers. Too much antipyretic treatment helps kill the pneumonia patient. A good, strong heart action is an absolute necessity in these cases. You lessen it by giving sedatives continuously.

BLOYER.

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### GASTRODUODENITIS.

We are assured by some writers that it is comparatively a rare disease in children, and yet these same authors can not conceive why. They reason that, as gastroenteritis is so frequent, it is strange that the catarrhal swelling of the mucous membrane does not obstruct the duct. Gastroduodenitis has not been a rare condition in our own experience. We have seen sporadic cases throughout our professional life, and even prior to it. It is only a year ago we called attention to its prevalence as an epidemic. We are witnessing the same conditions again, though not so severe, nor as many cases as a year and two years ago.

The question naturally arises, Is it infectious? We can trace no contagion, though it may be infectious. Have climatic conditions something to do with it? We believe they have, as it has prevailed at the same season each year: the late fall and early winter months, when climatic conditions were changeable and unstable.

The symptomatology is the same in all the cases, the only difference being in their severity.

The general malaise for two or three days, anorexia, vomiting, and constipation. The stools are white and pasty; the urine scanty and

dark. The gastric symptoms soon cease, but the nausea and anorexia persist for several days. The constipation and scanty, high-colored urine continue, and jaundice appears, varying in degree with the severity of the symptoms. This persists for from ten days to two weeks.

As the patient improves there is a gradual change in color of both the feces and urine; the former becoming darker, the latter lighter. Coincident with these changes, the jaundice disappears. No complications, no sequelae have appeared in any of the cases.

The treatment is plain and simple, and is summed up in but few words and but three remedies: chionanthus, sodium phosphate, and podophyllin. It is usually the first two. Occasionally a case can not take the sodium phosphate, when a resort is had to the third.

MUNDY.

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Stillingia liniment is a purely Eclectic remedy, and the school is entitled to the credit of this preparation, however our claims may be disputed in other matters. This is one of the really good things handed down to us by the fathers, and has steadily maintained its position against newer and more scientific remedies. As an external application to the throat and chest in sore throat and colds, stillingia liniment is unexcelled, and this preparation with co. emetic powd. constitutes the mother's armamentarium for battling that arch enemy of childhood, the croup. Not only in croup may stillingia liniment be used with advantage, but also as an application to boils, bruises, and painful swellings about the body this remedy will be found an effective agent in relieving irritation and subduing pain. Given internally, in one or two-drop doses, the liniment allays laryngeal irritation and checks the irritating cough of that condition. We prescribe it as a cough remedy by adding ten drops to four ounces of glycerine. Dose, teaspoonful every two hours.

WATKINS.

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WANTED—A few copies of the October, 1906, Journal, to complete files for binding. Address this office.

**THE NATIONAL IN CALIFORNIA.**

Our friends in Southern California have finally decided definitely upon Los Angeles as the place of meeting for the National, and the time, four days, June 18-21, 1907.

Dr. Howes is arranging a special route from Boston and New York by way of Chicago, and the writer is trying to arrange for a special party to leave Cincinnati and be joined by another party in St. Louis, and others in Kansas City. The proposed route going is as follows:

- Leave Cincinnati 12:00 noon, Tuesday, June 11, 1907.
- Arrive St. Louis 8:30 p. m., Tuesday, June 11, 1907.
- Leave St. Louis 10:00 p. m., Tuesday, June 11, 1907.
- Arrive Kansas City 7 a. m., Wednesday, June 12, 1907.
- Leave Kansas City 11:30 a. m., Wednesday, June 12, 1907.
- Arrive Grand Canyon 4:00 p. m., Friday, June 14, 1907.
- Leave Grand Canyon 8:30 a. m., Sunday, June 16, 1907.
- Arrive Los Angeles 8:25 a. m., Monday, June 17, 1907.

The lines of the Trans-Continental Passenger Association have already authorized reduced round-trip rates with liberal limit and stop-over privileges, the rate from St. Louis being \$57.50. The lines of the Central Passenger Association will doubtless make a correspondingly cheap rate from this territory, which from Cincinnati will be about \$65.50. These rates will permit of a party going via one line and returning via another. Our party will go via Santa Fe to Los Angeles, thence Southern Pacific to San Francisco, returning from San Francisco via Ogden, Salt Lake City via Denver & Rio Grande to Denver, thence any direct line through either Chicago or St. Louis to starting point. Those desiring to return through Portland, Seattle, Victoria or Vancouver will be charged the additional sum of \$12.50. The usual charge of \$6.50 will be made for side ride, Williams, Arizona, to the Grand Canyon and return.

The Pullman rate for the special party, Cincinnati to Los Angeles, will be \$15.00, with an approximate per capita charge of \$2.00, which will be assessed account of Pullman car being detoured to Grand Canyon; this per capita charge being based upon per diem charge of \$45.00 per day on standard Pullman sleepers. The sleepers may be occupied while at Grand Canyon, thus avoiding hotel charges while there.

The above schedule is so arranged as to give daylight ride through scenic portions of the country. The trip from La Junta to Albuquerque over the beautiful Raton and Glorieta Range of the Rocky Mountains

will be made during the day. A daylight ride will also be made through Eastern and Central Arizona past the San Francisco mountains to the Grand Canyon. Also through the beautiful San Gabriel Valley to Los Angeles.

Meals en route will be furnished by the celebrated Harvey System of eating-houses, the price of regular meals in dining-room being 75 cents.

Please inform me at once if you will go with the Cincinnati-St. Louis party. SCUDDER.

### CLUB RATES.

The various Eclectic publishers have decided to offer special club rates until April 1st. If you are not familiar with all these Journals, a sample copy can be obtained by addressing a postal card request to the addresses below.

JOURNALS.	REGULAR PRICE.	CLUB RATE.
American Medical, 2900 Lawton st., St. Louis.....	\$1.00	80
California Medical Journal, 907 Dolores st., San Francisco.....	1.50	1 20
Chicago Medical Times, 1495 Madison ave, Chicago.....	1.00	80
Eclectic Medical Gleaner, 224 W Court st Cincinnati.....	1 25	1.00
Eclectic Medical Journal, 1009 Plum st. Cincinnati.....	2.00	2.00
Eclectic Review, 140 W. 71st st New York.....	1.00	80
Ellingwood's Therapist, 100 State st Chicago.....	1.00	80
Los Angeles Journal of Eclectic Medicine, 337 Douglas Bld. 100		80
Medical Arena, 1214 Main st. Kansas City, Mo.....	1.00	80
Medical Harbinger, 910 Lami st. St. Louis.....	50	40
Modern Eclecticism, 623 Austell Bldg, Atlanta.....	1.00	80
Nebraska Physician, Fraternity Bldg, Lincoln, Neb.....	1.00	80
Therapeutics and Dietetics, 705 Wash. st Dorchester, Boston, 1.00		80

You can subscribe to any or all of the above through this office, the only condition being that you include a paid in advance subscription to the Eclectic Medical Journal at \$2.00. Every Eclectic Journal will quote these same rates, which will be open until April 1st.

SCUDDER.

**Bound Journals**—for 1906, in neat green buckram, are now ready for delivery, \$2.50 postpaid. If you send in your own set by mail (four ounces for a cent), we will send a bound volume for seventy-five cents.

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"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. NORRIS, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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No. 2.

### BOOK NOTICES.

**Stohr's Histology.** Arranged upon an embryological basis. By Dr. Frederic T. Lewis. Sixth American, from twelfth German edition, with 450 illustrations. P. Blakiston's Son & Co., Philadelphia. \$3.00 net.

This book is divided into two parts. Part I is divided into three sections. Section 1 deals with the cell, etc.; section 2, general histology; section 3, special histology. Part II, preparation, staining, examination of specimens.

The entire book is made up from an embryological basis; the text is very good, clear; engravings and illustrations effective, presswork excellent; and while there is not so much space given to staining, etc., there is enough to make it a good text-book for students and a valuable addition for the physician. Histology and histological phenomena should be thoroughly understood, and when taken from an embryological basis it makes the subject still more valuable. J. L. P.

**Keen's Surgry.** Complete in five volumes, royal 8vo, profusely illustrated. Each volume, cloth, \$7.00. W. B. Saunders & Co., Philadelphia.

Volume one of this monumental work has been anticipated eagerly by the profession. The completed work has been expected to mark the culmination of the amazing progress the science and art of surgery have made in the last two decades. If the four volumes to follow maintain the standard and fulfill the promise made by this first volume the work as a whole must hold the boards for a long time. More than three score of the greatest surgeons are collaborating and contributing to enrich and round out to full completeness this marvelous storehouse of surgical wisdom. The reviewer finds it difficult to leave the fascinating pages long enough to pass judgment or express appreciation. Just enough history is graphically condensed, with likenesses of the great names inseparably bound up with it. Bacterial infection, as a matter of course, is accorded great attention, as the matter bearing

most on successful achievement. However, any surgeon skipping the chapter on surgical physiology will make a great mistake. Careful reading of it will cause most of us to revise our opinions, and relegate to the past some routine procedures. Surgical pathology, tumors and wounds are also considered in this volume. Each of these general subjects is considered critically and exhaustively with the varied allied dependent topics. Unusual thoroughness is manifested regarding the processes of repair, the influences favoring and retarding, and repair in special tissues and organs. It is certain to be appreciated by those members of the profession who expect to keep in touch with surgical progress.

W. B. C.

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**Atlas and Text-Book of Human Anatomy.** By Prof. J. Sobotta, of Wurzburg. Edited, with additions, by J. P. McMurrich, Ph. D. Vol. 1, 258 pages, 320 illustrations, mostly in colors. Philadelphia: W. B. Saunders Co. Cloth, \$6.00 net.

Hitherto it seems to have been the aim of most authors of anatomies to gather all possible material into their books—to make them encyclopedic in comprehensiveness. This wealth of detail is not what is required by the ordinary student, who, even in the present four years course, is overburdened with technicalities. Now there is a revulsion, in some respects at least, as in the simplification and reduction of the 30,000 names in anatomic works to something like 8,000 terms, each having a direct and distinct meaning. Pictorial illustrations counterfeiting the human form and colors are being furnished, with simple descriptions, and the way for the student begins to look brighter. No work of recent issue better fulfills the purpose of giving the necessary anatomical features than the atlas of Sobotta. This was formerly issued with the plates in a separate fasciculus, but now the English text accompanies, and the names, while agreeing in the main with those recommended by the Basel committee, are anatomical nomenclature Anglicised. This volume figures the bones, ligaments, joints and muscles in 320 illustrations, most of which are in colors remarkably true to nature. Both multicolor lithographs and half-tone engravings of the finest quality are used, with explanatory line etchings. No wood cuts are employed. It is the finest and best work of its kind ever issued, and the price is astoundingly low. To see this work is to purchase it.

H. W. F.

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**The Practitioner's Visiting List, 1907.** Thirty patients per week. Lea Brothers & Co., Philadelphia and New York.

This is a pocket-sized booklet bound in red flexible leather. There are blank spaces on each page for keeping a record of visits, office

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## Original Communications.

### MUCOUS COLITIS.

By W. B. Church, M., Cincinnati, O.

As already mentioned in a previous article, the etiological basis of colitis is not definitely known; chronic appendicitis appears at times to have a causal relation. This is equally true of chronic inflammations of the pelvic organs. What may be regarded as the pathognomonic symptom, the passage from the bowels of masses of thick, jelly-like mucus, varies greatly in different cases, and in any case, at different times.

Constipation of an inveterate character is present in most cases, constituting the chief difficulty in the treatment. In other cases colliquative diarrhea of a chronic character is the marked feature. In these the patient requests something to stop the diarrhea. Both cases suffer from pain of a colicky nature, but the diarrheal cases become much more emaciated and cadaverous, and exhibit extreme weakness and exhaustion. A detailed history of one or two cases will, perhaps, best illustrate these features, and afford illustration also as to treatment.

Mrs. J., resident of a suburban town, consulted me, about a year ago, for long-standing chronic diarrhea. She had been treated by different physicians without benefit. Indeed, she had steadily declined to a condition of extreme invalidism. Inquiry brought out the history of frequent stools, containing masses of mucus, with alternating watery discharges, often twenty or more in a day, attended with tenesmus, and colicky pain, backache and headache. Emaciation was extreme, and weakness and exhaustion very pronounced. Indigestion, flatulence, anorexia and insomnia were additional symptoms. She had received only internal treatment, with special directions as to diet. She had become quite despondent and discouraged, but was persuaded to try again on learning that an attempt would be made to apply local as well as general treatment. Colonic flushing every day, with a solution of

salicylic acid and borax, of the strength of one drachm of each to a pint of water, was ordered, with rest; and internally, a powder containing rhubarb, ipecac and bismuth. There has been improvement from the first; a gradual return of appetite and strength, a very considerable relief of pain. The alvine discharges are less frequent, and attended with comparatively little tenesmus and pain. Digestion has improved so that she has become able to take a more varied diet; and, altogether, she now feels so much better that she proposes to try to get along without further treatment. The case illustrates the extent to which the milder cases of colitis can be benefited by medical treatment. It falls far short of complete cure, but changes a condition of great wretchedness to one of tolerable comfort. Even at this she can not suspend treatment altogether for any length of time without return of pain and aggravation of other symptoms. For such cases high enemata of olive and other oils have been recommended, but they have been only more unpleasant without being more curative. To illustrate the apparent dependence of colitis on a previous chronic inflammation of other organs, together with the important fact that the colitis may remain, and continue the condition and symptoms after the patient recovers by operation or otherwise from the original disease, the case of Mrs. E. is presented — a case yet alive, after more than thirty years' continual sickness, involving extreme pain and disability. In boarding-school, when a young lady, she suffered a good deal from painful indigestion, with constipation. Was treated by allopathic physicians, and mainly by administering strong cathartics. The stomach trouble, marked especially by pain and fullness after eating, continued for several years. She married at the age of twenty; continued to complain of her stomach; was a patient in the Battle Creek Sanitarium for several months, where she was strictly dieted, and subjected to heroic hydropathic treatment. While in the sanitarium an attempt to perform the exercises prescribed for her was followed by violent pain in the right inguinal region, for which hot fomentations were applied all of one night. Very probably a threatened abscess was averted by the treatment. She did not fully recover from this attack, which there is much reason to believe was appendicitis, as the symptoms she details of her condition after leaving the sanitarium are those of chronic appendicitis. After four years of married life she became pregnant. Was extremely miserable for the first three months, but for the remaining six months was fairly well. Labor was very severe and protracted. A midwife of the strictest sort attended her, and apparently thought it well to conceal her own ignorance by stern assertion of authority. She was more than ever an invalid afterward; suffered greatly from hemorrhoids, with several

attacks of hemorrhage from the bowels. These were supposed to be due to the piles. Consequently Whitehead's operation was performed. The result of this was far short of what was hoped for. The pain was confined mostly to the right hypochondrium, and in the back nearly opposite. Although very determined to keep her house in order, all exertion, especially anything that included standing or walking, was followed by increased suffering. She was now thought to be suffering from uterine and ovarian disease, and these apparently culminated in a severe attack of inflammation, and formation of a pelvic abscess, which, after several days of high fever, great pain, and peritonitis, ruptured into the bladder. Part of its contents escaped from the urethra, but a larger part remained, too thick and viscid to be evacuated. This was drawn off with a catheter and the bladder irrigated. For the next three or four years there was a purulent discharge from the vagina, of an ichorous character, increased at the menstrual period; this would occasionally be retained, when indications of absorption, including papular eruptions on the face, and nausea, and prostration were seen. About this time, while visiting in Chicago, another abscess formed, accompanied with greater pain than before. Her life seemed threatened. She was attended by a prominent city physician. The location of this was lower in the pelvic cavity; the pressure caused intense distress in the rectum, great tenesmus, which could not be restrained, or relieved by any discharge, and was only partially allayed by free use of morphine.

The agony suffered was at length relieved by spontaneous evacuation. It is thought it ruptured into the lower bowel, but of that there is no certainty. The subsequent condition was much the same as after the first. Always flatulent dyspepsia, accompanied with pain in abdomen and back, and always referred to the right side, and extending down the right leg. She consulted a number of eminent surgeons and gynecologists. All of them were agreed that a laparotomy was indicated; most of them advised it, but several favored a conservative course, considering the risk of life too great. She had now approached the menopause, and decided to wait the result of that change. Only at this time had she taken much notice of the character of the stools passed; but since having her attention drawn to the matter, recalls the fact that she had several years before passed bloody and mucus stools; at times considerable masses of jelly-like mucus escaped involuntarily. These were regarded as in some way due to disease of the reproductive organs, although it should be stated she never fully accepted the diagnoses which had always been made, and often refrained from informing a new consultant of the opinions others had given, and tried to direct attention especially to rectal troubles. At length, overborne by the uni-

form testimony of the best physicians and surgeons, she entered Harper Hospital, and submitted to a pan hysterectomy. Surprisingly little evidence of diseased action was apparent in the reproductive organs. Numerous adhesions were broken up, and observation was made of the fact that only a short stump remained of the appendix. Of course the inference drawn was, that the *fons et origo* of her troubles were due to chronic inflammation of this troublesome and useless appendage. That the abscesses were appendical. The post-operative period was not as free from suffering as anticipated; fever, great nausea, and frequent painful stools continued for many days. After leaving the hospital, treatment was kept up for the colitis for a year; local, by colonic flushing, and internally with remedies already mentioned, to which has been added, with satisfactory results, Lloyd's specific berberis aquifolium. In some respects relief has followed the operation, and at present, over fifty years of age, she manifestly suffers only from colitis. This persists, but has been considerably modified by treatment, which does not seem likely to effect complete cure.

Reclus, in *Presse Medicale*, No. 52, claims that pain in the appendical region is often due to inflammation of the bowel itself; that about one appendicitis in every five is associated with muco-membranous colitis. The present writer is inclined to regard appendicitis as a common, but not the only cause. To return to our case. After all that has been done, she is yet an invalid, subject, in a degree, to the same abdominal pain, though not so constant; occasionally, for a day or two, so free from pain that she indulges hope of recovery. All the time, however, she suffers from indigestion, aggravated by the least indiscretion; with a feeling of utter prostration, and sudden attacks of excruciating pain in the back, that oblige her to seek relief from a standing position at any cost. Innervation and function of the colon is so impaired that she has little power to increase or restrain it. High enemata, of two quarts or more, are retained indefinitely, causing much pain; escaping in small installments, at frequent intervals, for the whole day or night; these are thickened with mucus, and there will be seen, suspended and floating, shreds of necrotic mucous membrane. Notwithstanding this poor showing and the extreme disability, which has not been sufficiently set forth in this account, she admits she is some better, and is less despondent.

If any reader has had patience to read this through, and can give any suggestions, other than surgical, likely to further benefit her condition, I will be very glad to hear from him or her.

Many such cases are reported which, after failure of prolonged colonic flushing, oil enemata, and indicated internal remedies, have been

referred to surgeons, and subjected to an operation designed to give rest to the colon by a right inguinal colostomy. Cures are reported, but the long time the artificial anus required to be kept open, with its many unpleasant consequences, have caused substitutes of various kinds to be devised, by which the colon can be irrigated and medicated more directly and effectively. The latest device is to draw the appendix through the abdominal wall, amputate the distal extremity, stitch the stump to the integument, thus affording an open tube through which the colon can be thoroughly irrigated. It is said that by this means the flushing is made much more effective, and is unaccompanied by the pain and tedious delay and annoyance attending colonic flushing through the rectum. This seems likely to become the settled procedure in extreme cases, when the condition of the appendix is such as to make it available.

Although, as stated at the outset, the condition is very often unrecognized, more and more cases are reported of late, and the prospect for these sufferers is improving. The severer cases are most likely to be recognized, and as these are exceedingly resistant to medical treatment, the new surgical methods will possess for us great interest and importance. The immediate object of this paper will be accomplished, however, if increased interest is aroused, whereby fewer cases shall fail of intelligent recognition.

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### GRINDELIA ROBUSTA.

By **Herbert T. Webster, M. D., Oakland, Cal.**

[Continued from page 72.]

Dr. Coe's report impressed the writer with the genuineness of his cures, and the remedy was put to the test upon the first opportunity. This appeared in the person of a young German miner, who became disabled by the appearance of a hard tumor in the left femoral region, which was pronounced sarcoma by his attending physician. A surgeon of many years' experience confirmed the diagnosis, and operated for its removal. The elliptical opening left was brought together with stitches, which were allowed to remain an appropriate time, but when they were removed, it was found that healing had not taken place. The edges parted, leaving a deep ulcerating cavity, which was sensitive and painful. It was about three inches in length and probably an inch in depth at its center, exuded an unhealthy, purulent fluid, and the edges soon became thickened and hardened. Fistulous openings marked the location of the former sutures, and these grew in size as time passed.

A month or more after the operation the case came into my hands.

It had been packed with iodoform gauze and other accredited antiseptic dressings, but was undoubtedly growing worse daily, and this his former physician admitted. It was at the request of this practitioner, who considered it a very unpromising case, that I undertook its treatment.

The cavity was now loosely packed with absorbent cotton saturated with a lotion composed of two drachms of specific grindelia to four ounces of water, and the packing was renewed several times a day. Internally, the patient received various constitutional remedies, such as berberis aquifolium, echinacea, etc., though he had already been receiving similar internal treatment. Within four weeks the opening was so nearly healed that the patient refused to remain longer under this régime, but went his way, considering himself well, though brought to me on a stretcher. As he was traveling toward the Klondike, he has not since been heard from.

The next remarkable case encountered was also sarcoma. My diagnosis was confirmed by a professor of surgery in a San Francisco medical college, a practitioner of long and wide experience. A man of middle age, a carpenter, presented a nodulated tumor located upon the left gluteal region, involving a greater part of the gluteus maximus muscle. It was nearly as hard as gristle and as large as a man's fist. The neighboring integument was purple and sensitive. The patient suffered much pain, especially at night, had lately had night sweats, and was losing strength. The pain was aching, darting and stabbing. A few days before I first saw the tumor a gathering had occurred near the center, and was now exuding a thin watery pus.

The patient was willing and even anxious to submit to an operation, and the following day an elliptical incision was made around the tumor, including a large portion of the gluteus maximus and its entire thickness, and all indurated tissue was dissected out. The edges were approximated as nearly as practicable and held in place by strong silk ligatures. These were removed about the tenth day, as healing seemed about completed. However, the tissue over the cicatrix and about the openings of the stitches presented a reddened, angry appearance, and a thin watery pus exuded from the stitch openings. The healing process had been more prosperous than I expected, yet results were not altogether pleasing.

Within a week it was evident that a retrograde action was taking place in the part, in spite of constitutional remedies to improve the general condition of the patient. Excavations appeared under the cicatrix, and the stitch openings grew more open. An injection of peroxide of hydrogen into one of the openings would foam at half a dozen or more orifices. The excavating process continued to advance until the entire



surface of the tumor site became undermined by an oozing, branching fistula. In spite of constitutional treatment and occasional injections of hydrogen peroxide, prospects became more discouraging every day.

Resort was now had to *grindelia robusta*, in the usual strength. Improvement was perceptible within a week. The fluid was injected into all the openings, so that the fistulous surfaces were thoroughly irrigated, and soon the pain, which had again grown almost intolerable, ceased, the discharge lessened, the color of the part became more normal, and the patient gained flesh and strength. Within a few weeks he had improved so much that in spite of my protest he resumed work at his trade. As he did not now have time to spare to visit the office, the injections were made by his roommate, and he visited the office to report, once a week. The treatment was continued three months, when he was found to have completely recovered. The condition was probably prolonged by his active habits, though it was, after all, a remarkable cure. Two years afterward I heard that he was entirely well.

In the early part of 1899 Dr. O. S. Laws made the following report on this drug:

"December 18, 1898, Mr. F. asked me to look at an excrescence on the edge of the lower lid of his left eye, near the inner canthus. It had been about two months since first discovered. It looked, to the naked eye, like a wart, but under a magnifying lens the innocent wart was converted into a malignant imitation. A well-defined sinus was observed at the apex, out of which, like a young Vesuvius, it ejected an unpleasant fluid, especially at night, which glued the lids together.

"At least a dozen physicians had seen it before, and as they all in turn yelled, 'Cut it out,' he kept moving on to see if he could find one that could think of something else. I suggested local treatment for a reasonable time as a test, knowing that cutting out meant not only a traumatic surface to begin with, but a notch in the eyelid in the end.

"I thus told him, and immediately he said I was the doctor he was looking for. In an ounce vial I put half a drachm of *grindelia robusta*, sp. med., and filled the vial with boiled water, to be applied freely with the finger several times a day. In a week he returned, and as there was no noticeable change, either for the worse or better, and no smarting of the eye, I felt encouraged, and doubled the strength of the lotion. In another week he returned, and the small volcano was pale and wilted. On the third call it had shrunk almost even with the border of the lid, but still ejected some fluid. As it is about two weeks since the last call, I have no doubt but that he considers it a success.

"Had it been on some other part, so that medicine could have been

freely held in contact with it day and night, much time would have been gained."

A few weeks ago a man about sixty applied to the writer for treatment for an ulcerating cavity situated in the helix of the left ear. He first noticed stinging pains in the part, and upon referring the matter to his wife, was informed that a reddish pimple was located thereon. This slowly developed purulency and discharged, but instead of disappearing by resolution, the pimple became necrotic, turned black, and in the course of a fortnight sloughed out, leaving a clean-cut cavity as large or larger than a buckshot. The ear was sensitive to touch, and severe stinging pains radiated through it frequently. The cavity discharged a thin purulent fluid, and refused to heal under ordinary conditions. Three applications of clear specific *grindelia robusta*, repeated every fourth day, removed the soreness and healed the ulcer, though stinging pains occasionally darted through the part for a month afterward. There was a suggestion of malignancy about the case.

From what I have here written and quoted, and from considerable additional testimony not referred to, I conclude that *grindelia robusta* is our premier remedy for local application in malignant ulceration. We must not expect it to cure cancerous or sarcomatous ulceration where the disease is deeply imbedded in the tissues, but when it is superficial and thus readily reached by the drug, we have nothing else that can compare with it.

This should not, however, obscure the excellent qualities of the drug in ulceration of non-malignant nature. Under many other circumstances it will prove the best application we possess for persistent ulcerative action. Chronic sore legs, provided there is no disease of the bone, and that varicosis of the branches of the saphenous vein is not present, afford us with an opportunity for its successful use. Recently it assisted me very much in benefiting a case which baffled me until it was brought into requisition.

A primipara, in her thirties, suffered an extensive lateral laceration of the perineum during delivery. It was deep, and extended well toward the ischiorectal fossa on the left side. It was so situated that I concluded, in repairing it, to use buried sutures and cover them with a second set in closing the skin. The patient was not up to par in her constitutional stamina; was nursing the child, had night sweats, was irritable and sensitive, almost hysterical, and, to cap the climax, the superficial sutures failed to do their work, and a gaping sore remained. This proved to be very sensitive, and turning over in bed caused severe pain, and the limbs were drawn up most of the time to relieve tension on the parts. The patient refused to submit to a second operation, or

at least objected, and, on account of her condition, and the fact that she had suffered a fall from a bicycle before marriage, which had been followed by prolapsus, which had since occasionally troubled her, I advised postponement until after weaning, and then a radical operation. Meantime the ulcer was being dressed with diluted echinacea, but no improvement seemed to follow. The soreness persisted; she had occasional chills, with tightening about the jaws and neck, suggesting tetanus, or at least such a tendency. Peroxide of hydrogen was tried a few days, but it proved irritating, and discouragement brooded over the household. The nurse also saw a bogieman in the bottom of the ulcer, and kindly communicated her fears to the already overwrought patient.

In perplexity I now prepared a dilution of *grindelia robusta*, and ordered it applied, seeing that the cavity was kept loosely packed with absorbent cotton saturated with the solution, and within three or four days all soreness had subsided. This was continued nearly a fortnight, the cavity meantime slowly filling, when officious neighbors urged the calling of a homeopathic surgeon who had been attending a case of confinement in the neighborhood, and who had been lucky. As I preferred to call my own counsel, I suggested one of Oakland's best surgeons, Dr. J. R. Fearn, and my choice was perfectly satisfactory to the family. Upon seeing the case and learning of the situation, the doctor coincided with my opinion in the case. On his making a digital examination, he found, to the surprise of all of us, that it caused no pain. The soreness in the rent was entirely gone, and he advised that the patient get up before we left the house. She was therefore dressed, and came out into the waiting-room to appear before us, declaring she felt almost as well as new.

Within a fortnight afterward I met her on the street, riding with her husband in an automobile, and spinning along over an unusually rough pavement, apparently enjoying the trip. I gave much credit in this case to *grindelia*.

I have described this case in detail, not that it is particularly interesting or instructive, but to illustrate one of the conditions in which we are liable to find the remedy useful.

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It is a peculiar fact that post-operative prolapse through the epigastric wound occurs frequently in operations for malignant disease of the stomach. Such wound therefore should be closed with more than usual firmness, and all possible precautions should be taken to guard against post-operative vomiting.—*American Journal of Surgery*.

## TREATMENT OF ACUTE SYNOVITIS.

By Marageretha Wilkenloh, M. D., Chicago, Ill.

Acute synovitis demands careful consideration as to the variety of each case, a correct diagnosis to distinguish between simple or "serous," and suppurative or "purulent" cases. As to the first variety, "serous," the tendency is toward reabsorption, and the disease abates in a week or so. In all cases of acute synovitis, hygiene, embracing diet, cleanliness, constitutional medication, should be considered. Rest is most important in all cases. Keep your patient in bed until the disease is abated and pain relieved. In the simple "serous" form, from violence, cold, exposure, fracture or diseases, medicinal local and internal treatment is all that is necessary. Local applications, as liniments, solutions, as aconite with belladonna, and cold, if there is much heat and swelling, it allays fever, pain and swelling; if the vitality is low, a counter-irritant, turpentine with adeps or hot applications are the best. A bandage should be applied extending from the foot upward to thigh, so it keeps the whole extremity in a state of perfect rest. This alone sometimes relieves pain and swelling. As soon as the acute symptoms have subsided, passive movements should be applied, but never be so violent as to injure the weakened structures or produce pain to the patient. A plaster bandage is necessary, more so in cases of fracture. If synovitis is produced by it, this bandage should be kept on for a week or so, or until the patient can do without it. From time to time examine it as to the capillary circulation. If normal, it can be left on. If capillary circulation is impeded, inflammation will set in, which is known by fever and pain; then take off the plaster at once. In children this is a good local treatment, for nature will assist and produce a cure; it is different in the adult, there being some pain, and the dressing has to be removed and reapplied.

As to internal treatment. That depends entirely on the history of the case. Acute synovitis from contagious diseases, as diphtheria, scarlet fever, variola, measles, typhoid fever, only amounts to "serous" synovitis, and the patient must be treated according to the indications. Allay fever by giving aconite, veratrum, echafoita, together with laxatives, diuretics and diaphoretics, so as to throw off the poisons from the system, and thereby hasten the reabsorption of the serous fluids from the joints. During convalescence tonics should be given, to prevent the disease from becoming chronic. The bowels and urinary tract should receive good attention.

As to the second class, "purulent" or suppurative, operative treatment by injection and a free incision will be necessary.

Acute synovitis follows gonorrhea, pyemia, septicemia, or puerperal fever. Most often the knee joint is affected, and pus-pyogenic fluid is present. Microscopic examination should help the diagnosis as to the variety of bacteria which the system is free from. Tuberculosis has a tendency to the chronic form in this disease.

Prognosis is somewhat unfavorable as to the avoidance of deformity, and if hygienic surroundings at the home are not quite satisfactory, aseptic and antiseptic precaution should be followed by both methods, to keep the cavity from reinfection. The bacteria fluid should be withdrawn before injection with an aspirator; sometimes it is best to make a free incision, so the pus can escape better. In gonorrheal infection, in my cases, the pus was more fluid, and an aspirator would withdraw it well, and pain was relieved at once. In these cases a solution of sp. thuja, one-third to two-thirds of water, injected warm into the cavity, and with a strong needle, so as to push into the connective tissue; inject slowly; after this seal up the puncture with collodion, antiseptic dressing, and a bandage well applied; passive motion from time to time should be made, so as to prevent lameness and muscular stiffness. After the cavity is free from pus, a plaster bandage, kept on for a week or so, will prevent flexion, save by extension and abduction. Sometimes it refills with fluid; this is known by fever and pain; remove plaster cast, and begin again the same treatment. Staphysagria and apis during state of convalescence, with other indicated remedies, is a tonic. If acute synovitis is produced by pyemia, septicemia or puerperal fever, we generally find tuberculosis in the system, and the hip joint is the most often infected; the effusion is purulent and hard to withdraw. An injection of 10 per cent. solution of iodoform and glycerine by some operators has produced good results. Still better results have been obtained from echafolta and glycerine aa. So long as a physician prevents the case from necrosis of bone, or from becoming chronic, he does well. We find no two cases alike, that demand the same treatment. Every case is different, and therefore give treatment to each individual case.

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### JABORANDI.\*

By J. D. Dodge, M. D., Collinwood, O.

Pilocarpus is the official name of the drug more commonly known as jaborandi. The dried leaves are mainly used. Jaborandi is a native of Brazil and Uruguay, in South America. It is found also in the West Indies, and has been successfully cultivated in Italy.

Pernambuco and Rio Janeiro in Brazil, and Montevideo in Uruguay, are the principal points of export.

There are some fifteen species of the drug, but only two are principally used, *Pilocarpus microphyllus* and *P. jaborandi*. *The National Standard Dispensatory* says that "a number name *P. pinnatifolius* Lemaire," evidently regarding this name as synonymous with *P. Sellowianus* Engler, "an idea," it says, "which is by no means well proved."

Substitution of inferior species for the best is said to be very common.

This drug was introduced to the medical world by Dr. S. Continho, of Pernambuco, in 1874. It is a shrub, growing from four to six feet high. The pharmaceutical preparations are the fl. ext., tincture, and specific medicine. The alkaloid pilocarpine in the forms of hydrochlorate, hydrochloride, hydrobromate, nitrate, acetate and phosphate is also used. The dose of these salts is one-tenth to one-half grain: of the fl. ext. 10 to 30 M., tincture 1 to 3 drachms, and of the "specific medicine" we add from ten drops to a drachm to four ounces of water, and give a teaspoonful of the solution every half hour or hour, as indicated.

*Jaborandi* and pilocarpine have an effect almost identical, which is profuse sweating and salivation, due to action on the glandular system.

Dr. John King, in *The American Dispensatory*, says: "A drachm or two of the powdered leaves and smaller branches, infused in a cupful of boiling water, and the whole taken at a draught, will, in about ten or twenty minutes, occasion a tingling sensation, with redness of the cutaneous surface; this sensation is at first experienced in the face, but soon extends over the whole surface, and is quickly followed by an abundant perspiration, which is apt to continue for four or five hours. Almost simultaneously with the sweating, the secretion of saliva increases to such an extent as to greatly embarrass speech, the party being often obliged to assume an inclined position, that the escape of the saliva may be facilitated. During its salivary action a pint or two of saliva, and even more, may be secreted, and, not unfrequently, there will be, in addition, an augmentation of the bronchial and lachrymal secretions. At times the mucous glands of the intestines will be so inflamed as to occasion a diarrhea, and it is not a rare circumstance that the submaxillary glands enlarge." "If sweating is not very marked, the salivary flow is more than usually profuse." "Small doses, not sufficient to cause free sweating, sometimes cause profuse diuresis." "The profuse flow of sweat is due to the stimulating effect of the drug upon the ends of the nerves in the sweat glands, and of the sweat glands themselves."

The drug sometimes increases the flow of milk in nursing women.

The effect of jaborandi on animals is said to be stimulation of the circulation, while on man it nearly always acts as a depressant. On the pupil of the eye pilocarpine acts as a myotic or contractor in the strength of one to four grains to the ounce, and is often employed for this purpose. Pilocarpine is the physiological antidote to atropine and agaricin.

A telephone lineman was once brought into my office suffering from an overdose of atropine which he had taken by mistake. He said he took about half a teaspoonful of a solution, which his doctor told me afterward was of 2 per cent. strength. It required two men to support him while coming into the office. He acted precisely like a man suffering from an overdose of hyoscine, trying to pick things out of the air and muttering incoherently.

I evacuated his stomach thoroughly, and gave him pilocarpine hypodermically, and strong hot coffee to drink, but he soon lost consciousness. His breathing and pulse became natural after a time, and in the morning he was well recovered.

This drug is said to act as a powerful stimulant to the growth of the hair, whether it be applied to the scalp or taken internally, and the new growth is often very dark in hue.

Hypodermically, pilocarpine is employed to remove opacities in the vitreous humor of the eye, and for the relief of thickening of the tympanic membrane. Dr. Kent O. Foltz, in *Dynamical Therapeutics*, says that he has found no remedy that causes such rapid absorption of non-organized vitreous opacities as jaborandi. He prefers the oral use of jaborandi to the pilocarpine hypodermically, and employs only Lloyd's "specific medicine."

This is said to be a most efficient remedy in dropsy and uremia, and is very useful in Bright's disease and pleurisy, but care must be used lest it cause pulmonary edema. It has also been used, with care, in cardiac and renal dropsy. It has been successfully used, hypodermically, in erysipelas. It has removed serous effusions from whatever cause, and is of value in asthma, bronchitis, albuminous diabetes, chronic rheumatic affections and puerperal septicemia when no contra-indications exist. "It is so powerful and certain in its diaphoretic action that it has taken rank as the most reliable of the remedies of its class." Pilocarpine has been used with asserted success in diphtheria and diabetes insipidus. Dr. King says that "after the administration of jaborandi patients are often attacked with nausea, vomiting, vertigo, hiccoughs, heaviness of the head, and contraction of the pupil." According to Ringer and Fould, the sweating is accompanied by a lowering of the

temperature to nearly one and one-half degrees, but other writers say that it elevates the temperature, from which, I suppose, we may judge that its action is variant according to dosage and patient. At the close of diaphoresis the temperature is said to become the same as before using, which we know, however, can not always be the case. "Its effects occur more readily with adults than with children."

"During the sudorific action of jaborandi the quantity of urine is lessened, but if it is given in divided doses, instead of acting as a diaphoretic and sialogogue, it becomes an active diuretic." "Experience with the sphygmograph, made at various periods during the action of the drug, has shown an almost complete asystolia, with a very considerable diminution of vascular tension. M. Robin is led to believe that jaborandi has an especial action upon the vasomotors, which it paralyzes, whence results the cardiac asystolia and copious secretions of sweat and saliva." M. Gubler maintains that it has, in addition, a special irritating influence upon the sudoriferous and salivary glands, and upon the renal glomerules, which stimulates their functional activity. Dryness of the mouth and throat, with a sense of fatigue and depression, most usually follow the cessation of its active effects. "Martindale dissolved extract of jaborandi in glycerine and applied it around the eye; a marked contraction of the pupil ensued. A similar result with impaired vision is apt to follow its internal administration, but this disappears on cessation of the medicine." "Pilocarpine has an action nearly identical, though it causes less salivation, less vomiting, and is more certain in its effects." "Jaborandi is of value in removing serous effusions, as in hydrothorax, anasarca, ascites and chronic pleurisy. In cardiac diseases, from its tendency to diminish the contractility of the heart and arteries, and to favor their dilatation, thus conducing to dyspnoea and even to asphyxia, if used at all, great prudence should be observed." "It has been used with more or less success in asthma, bronchitis, albuminous diabetes, dropsies, poisoning, chronic and acute articular rheumatism, chronic parenchymatous nephritis, psoriasis, and other dry forms of cutaneous diseases, and syphilitic affections."

The effects of the drug have been denied by many writers, which probably indicates that the effects differ with the dose and condition or idiosyncrasies of the patients.

The effects of the alkaloidal salts are said to be more certain than when the leaves are used, and the tendency to nausea and vomiting is greatly diminished.

*Webster's Dynamical Therapeutics* says that "the value of jaborandi in acute articular inflammation is probably not equaled by that of any known remedy." The intense pain of acute articular rheumatism, he



says, may often be permanently relieved by it in an hour's time, and the inflammatory condition speedily dispelled. In traumatic inflammation of the joints, so speedy benefit does not follow, but even here the agent can not be supplanted by a better one. I am not prepared to state, he says, whether the affinity exists for the fibrous tissues about the joints, or for the synovial membranes; but I have plenty of clinical evidence to commend it highly, when a joint is painfully and acutely swollen, with accompanying inflammatory symptoms. He advises: "In acute cases, when the pain is severe, twenty drops of the specific medicine in a swallow of water at a dose, and repeated in half an hour, if free perspiration or relief from pain does not follow the first dose. After this," he says, "from one to two fluid drachms may be added to four ounces of water, and a teaspoonful given every hour. When the pain is not very severe, the large dose in the beginning may be dispensed with. Jaborandi is one of our best medicines for bringing about a normal equilibrium of the general circulation when this has been disturbed by febrile action." He further says that "under judicious dosage it is our most valuable arterial sedative, promptly controlling febrile action, lowering the temperature, and promoting normal secretion from the skin, lungs and kidneys, while the circulation is equalized, and an agreeable sensation of coolness and comfort is imparted to the general cutaneous surface. It is thus valuable in all forms of fever not marked by great adynamia, and in inflammatory conditions its general effect is attended by amelioration of the local hyperemia of highly satisfactory character. We probably do not possess another as valuable agent in inflammation attended by sthenic conditions as this in the entire *Materia Medica*. In inflammatory rheumatism, from the most active forms, where the tissues are swollen to fullness of the skin, and the pain is excruciating, to more passive forms, where joints are swollen and stiff but not exceedingly painful, there is nothing else in the *Materia Medica* like it for promptness of action in relieving the local symptoms. Under its influence, though here a few full doses may be needed, the most severe pain subsides, and swelling and redness are soon gone — not that there need be redness to indicate it, for many of these cases may be so subacute as to be pale and painless, though the joint may be swollen and stiff. Some of these patients may be able to be about their daily avocations, though complaining of swelling, soreness and stiffness of the joints. I find jaborandi to be the best prescription here.

"In the small dose, obtained by adding ten drops of specific medicine to four ounces of water, and giving a teaspoonful every two hours, jaborandi is useful in arresting ptyalism and stomatitis, especially the aphthous form.

"It is useful in acute inflammation of the respiratory organs. It is sometimes combined with ergot to arrest the excessive discharge of water in diabetes insipidus. To a limited extent only, it is useful in the advanced stage of Bright's disease. In some cases ten drops of the specific medicine every one or two hours will produce free diaphoresis. Larger doses, if they are to be used for any great length of time, should be used with caution and watchfulness. From the fraction of a drop to five drops may be used in the treatment of diabetes. Since diaphoresis favors parturition, jaborandi has here a useful field. The feet should be made warm and perspiration induced. The severity of the pains is often ameliorated, with rapid dilatation of the os and satisfactory termination of the labor."

Dr. Webster highly extols jaborandi for muscular pain, especially of the acute form, and has found it useful in lumbago. As a dernier resort he uses it in chronic rheumatism where there is no structural change.

Dr. Kent O. Foltz, in *Dynamical Therapeutics*, says: "The use of jaborandi has given good results in tobacco amblyopia. In rheumatic iritis he has had splendid results from its use. In optic neuritis, detachment of the retina, choroiditis, epescleritis, and in atrophy of the optic nerve, the drug has given him good results. In iritis from any cause he finds it useful. In syphilitic diseases of the middle ear, in connection with specific treatment, he uses it with good results both in relieving tinnitus and improving the hearing. In nervous deafness and that following diphtheria and scarlatina he finds it useful. He has found it the most useful of remedies in treating non-suppurative otitis media of the proliferous type, and also for the restoration of the cerumenous secretion. Its benefits are produced by the increased secretion in the aural cavities."

The November *Gleaner* says: "For those fall and winter troubles brought on by arrested secretion, chiefly of the skin, and terminating in sthenic conditions, no remedy is superior to specific jaborandi. Thus, in acute inflammations — pleurisy, pneumonia, arthritis, rheumatic or otherwise, inflammatory rheumatism with swollen and painful or puffed parts, with dryness of skin and membranes, subacute rheumatism with soreness and stiffness in the joints, and in acute inflammation of the kidneys, it is a remedy of unsurpassed value. It is indicated in such cases as would seem to point to veratrum, though there is great repression of the secretions of the glands of the skin and mucous membranes and the special ferment and salivary glands. The urine is greatly decreased in quantity and is highly colored. It is a remedy for dry cough, so often experienced in the beginning of the cold season. The usual

prescription would be: *R*.—*Sp. J.*, one-half to one drachm; water, enough to make four ounces. *M. Sig.*: Dose, one teaspoonful every one or two hours. Some have advised a single drachm dose in the active stage of sthenic forms of enteric fever, claiming that it quickly reduces the fever, quiets delirium, and brings about a quick restoration of health."

*P. S.*—That there may be no misapprehension regarding the authorship of the above on account of a lack of quotation marks, I wish to say that, with the exception of the account of atropine poisoning and a few minor changes and additions, the subject-matter was entirely transplanted from the sources mentioned, viz.: *The American Dispensatory*, *The National Standard Dispensatory*, *Webster's Dynamical Therapeutics*, and *The Eclectic Medical Gleaner*. The short space of time given me for the preparation of the article affords me excuse for omitting some of the quotation marks.

In the discussion which followed the reading of the paper, Dr. H. D. Todd, of Akron, quoted a correspondent who said that jaborandi is the most potent of all drugs in diphtheria. The doctor had confirmed its value in removing diphtheric exudate in his own practice. This reminds me that the family physician of my father's household, Dr. J. P. Boothe, an Eclectic physician, now of Olean, N. Y., once told me that an older physician had informed him that if he could get his diphtheria patients to sweating, he could save them. They used lobelia for that purpose. So the glandular, excretory action of jaborandi may have great value in diphtheria, tonsillitis, aphthous stomatitis, etc., as already indicated. I have added it to my medicine case, and am prescribing it with good results.

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### SPECIFIC MEDICATION.

By N. A. Graves, M. D., Chicago, Ill.

I have just been looking over the transactions of the National for 1905 and 1906, and find the articles on pneumonia are interesting. The first one following Dr. Thomas' very able paper says in closing: "In order to successfully treat pneumonia one must know specific medication." In his article he gives the clinical picture of two cases and his treatment. The first case was a boy of fourteen, and the first time the doctor saw him he gave eight different drugs and used the old emetic powder externally. The second case was a baby, and this case was started on seven different drugs. The next article, also on pneumonia, and written by a Georgia doctor, begins the treatment with six medicines. Now, this may be specific medication, but it is not the kind I

learned, nor do I believe it is the kind most Eclectics practice. Take the first case reported. The patient had a headache, two drugs given for that; he was constipated, three drugs given for that, and three for the general symptoms, fever, etc. If this be specific, why not carry it to much greater length and treat like this: Given a case of the sthenic type of lobar pneumonia, we would have an indication in, *first*, the headache, and give *acetanlid*; *second*, constipated bowels, *podophyllin*; *third*, broad tongue, *nux vomica*; *fourth*, heavy coating, *natrii sulphite*; *fifth*, fever, *aconite*; *sixth*, flushed cheeks, *rhus tox*; *seventh*, pain in side, *bryonia*; *eighth*, full, bounding pulse, *veratrum*; *ninth*, dry skin, *jaborandi*; *tenth*, scanty urine, *kalin acetate*, and so on, until we would soon have half the *Materia Medica* in a single bottle and for a single diseased condition, which caused *all* these symptoms, *i. e.*, acute congestion of the lungs. We are in such cases overlooking the basal lesion of disease — overlooking the specific indication and shooting as wildly and with as much scattering shot as did ever the wildest allopath. To illustrate my idea of specific medication let me cite the following: Some weeks ago I saw a patient, a man of forty-nine, who had suffered for several weeks from paroxysmal headaches and nervousness. He had taken many drugs, with temporary relief. I found his urine full of sugar, and a strict diet for a few days, with plenty of water to drink, cured his headaches and the "nervousness." Lately, also, I had a lady patient, aged fifty, who had suffered greatly from "pruritus vulvæ" for some months. It caused her so much annoyance and distress that she was "ready for an operation if necessary." She had used salves and washes, cold douches and hot compresses, and was desperate because nothing helped. Her urine was full of sugar, and a strict diet, with water in abundance, relieved her in two days, and in ten days she had no more pruritus.

We have all seen cases of diphtheria, with fever, swollen glands, sore throat, rapid pulse, and general aching all over the body, relieved by 2000 anti-toxine units in twelve hours and cured in thirty-six. Don't believe it, you say; well, then, you haven't tried it. I have used it over two hundred times, and know whereof I speak, and I care not whether it is horse serum, honey-bee stings or Spanish flies, as long as it does the work. Nor do I care whether an Eclectic discovered it, an Indian medicine man, or a heathen "Chinee," so long as it is effective.

Dr. Best, in his excellent paper on "Obstruction of the Bowels," brought relief by the use of olive oil. This is specific medication.

Here is a case of vomiting due to irritation of the stomach. The tongue is red and pointed, and the vomiting is relieved promptly by *ippecac*. If the tongue be red and there be diarrhea, the vomiting will

be checked by bismuth subnitrate. Here is another case with broad, flabby tongue, and vomiting because of stomach irritation. Carbolic acid will promptly check this. Now we may have either or other tongue conditions, and have the vomiting be reflex from pregnancy or uterine irritation, and then the remedies mentioned will be of little value; but slight cervical dilatation, with an application of belladonna to the os uteri, will check this variety of vomiting usually. So we must in every case search for the basal lesion, and give our medicine not for every symptom that may show, but by removal of the basal lesion cause the other and secondary symptoms to disappear.

Referring now to the first case of pneumonia, the headache was due to the pneumonic condition, or perhaps to the constipation. It was clearly excellent treatment to clean out the bowels, but would not a single dose of magnesia sulph. or the much-despised calomel have done all that was done by the six given? I am not so sure but that the other five were not useless "druggery." I do not object to using two drugs, or perhaps more, where they are synergists, and it is difficult to tell which is the one most indicated. A combination like *verat. vir.* and *bryonia* in pneumonia, for instance. It is even allowable to give two that are physiological antagonists, like atropine and morphine, at times, but surely if we are remotely related to specific medication, if we hope that the early and renowned teachers of specific medication continue to rest quietly in their present abode, let us limit ourselves to, say, three drugs at one time in any given case, and I am sure if we study closely, we will be able to leave out one or two of the three. If we fail, the fault is ours in not having selected the proper remedy at the proper time, or perhaps in the dosage. If you do not fail, you will have the satisfaction of knowing that you are an ideal specific therapist.

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### OUR ATTITUDE TOWARD PROPRIETARIES.\*

By C. E. Frazler, M. D., Weatherford, Texas.

Knowing the great liberality and therapeutic broadness that has characterized the Eclectic system of practice since its inception, since the time that Galen chose his practice from the teaching of both Hypocrates and the Asclepedæ, I have hesitated in my criticism, lest I should become narrow in my views, thereby thwarting the very object of our medical tenets. And this effort at liberality may account for any ideas that are not specific. And as mine is not a paper of relative theories or of speculative philosophy, but rather one of practical intent, I will go directly to my subject.

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\* Read before the Texas Eclectic Medical Association.

Every mail brings samples, samples, samples, and advertising literature until you can not rest, and I have often thought, "What does all this mean?" From where does all the money come to keep up all this large amount of expensive advertising? Are the physicians over the country patronizing them? And I have been sad in my soul to admit that they were; and as I have watched this process evolve and develop, my sadness has turned to disgust, and disgust to vexation, as I have seen my fellow practitioner (to use a common term) "worked." To illustrate, Marchand's peroxide of hydrogen was at first advertised and sampled only to physicians; then, when the manufacturer got a few indorsements from prominent physicians (that seemed all they wanted), they then threw their preparation wide open to the public; the lay press is full of advertisements of Marchand's peroxide; everybody knows all about peroxide of hydrogen; and this same thing is true, in a measure, of anti-kamnia, gyclo-thymoline, listerine, antiphlogistine, and many others. Some of them have not come out quite as strong as Marchand, but their product is not quite as well known to the public, and I am convinced that all they are waiting for is a little more (ethical) advertising, and then they will all come out. †

I have not been surprised to see this sort of thing in some journals; it should easily find a congenial clime in the home of the therapeutic nihilists, but among Eclectics, never. Can you imagine Beach or King or Scudder prescribing celerina or dioviburnia? I have read a good deal of their writings, and I can not. Yet in no less a journal than *The Chicago Medical Times*, and under the editorship of no less an authority than Finley Ellingwood, do advertisements of this nature appear. This is also true of some other high-class Eclectic journals, and I blush for them to say it. Have they had their ethics tummified and their consciousness obtunded by the greed for gold, or have they by negligence permitted their Eclecticism to be warped until it resembles some system of medicine very different from that taught by Scudder? You remember that old question so often asked us by practitioners of other schools, "What is specific medication?" The direct application of remedies to diseased conditions, the specific action of drugs for specific physiological functions. That is what Scudder taught, and if we will only learn it well enough, we will have no need for proprietaries of unknown and fake formulæ. We all agree that a physician who will prescribe a patent medicine is not worthy of the name, but many will prescribe proprietaries, the composition of which they know practically nothing. Now, what the difference in the method of their prescribing is in the

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† Every one of the six drugs mentioned is ethical, and complete formulæ are printed on the labels.—EDITOR,

two I fail to see. But in passing I would say, I do not think any consistent contention could be maintained against any pharmaceutical preparations where the exact formula is printed on the original bottle or package. I believe a physician is strictly within the bounds of his profession when he uses or prescribes any drug or combination of drugs, the exact dose and nature of each and every drug in the combination he knows; but I believe, on the other hand, a physician has passed all limits of professionalism (and especially Eclecticism) when he permits his credulity to be presumed upon, and is enticed into prescribing some mixture with a fancy name, said to cure this, that, or the other thing, but the contents of which the manufacturers absolutely refuse to disclose; they do not care about the world in general and physicians in particular being helped by their discoveries. Too often the publication of their formula would utterly ruin the sale of their preparation; if the people or physicians knew what they were using, they would not use it. All the manufacturers want is the money; they do not care about the people; and if the disclosure of their formula would injure the sale of their preparation, they will never disclose it. Why should they kill the "hen that lays the golden eggs"? And is this science? Can you fancy Scudder trying to keep some clinical observation secret for a few paltry dollars? Are we to barter and trifle with secret formulas like the itinerant physician of the middle ages, while our patients lie ill and dying? Let us steadfastly refuse to have any part or parcel in disseminating any preparation that does not bear its complete and perfect formula on the original package.

A resumé of the whole situation amounts to this: prescribe the best drugs obtainable, the purest in their manufacture, most perfect in their preparation. Prescribe a given drug with a given object in view. When this object has been obtained, stop the medicine. Treat the patient and treat to effect, and use only drugs that are familiar and certain in their actions, and commit to the garbage dump samples and proprietaries of unpublished formulas.

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### SOLANUM CAROLINENSE.

By John Fearn, M. D., Oakland, Cal.

Anent Dr. Stephens' remarks about the above drug would say, I have been using it for a good while. My first use of it was in epilepsy. In that trouble I got no appreciable help from it. Then I began to use it in whooping cough, and my success was phenomenal. Like Dr. Stephens, I like to get, if I can, a very clear call for giving any remedy. So far the only specific indication with me has been the marked explosive nature and spasmodic character of the cough. Given these indications, the remedy goes. So that I must confess I come dangerously

near having a remedy for whooping cough, for since I proved its value on these lines, whooping cough means solanum just as certain as the rapid, frequent pulse, with temperature, means aconite. A few months back I had a very bad case. The boy came up from a visit to Honolulu. In his case the spasms were very bad, the worst I ever saw, which would be eased only by a stream of mucus, which would be ejected with great force. One day I saw this ejection. The mucus was thrown quite a distance, and the patient seemed to have no control whatever. Spec. solanum C., given in from four to eight drop doses every two or three hours, according to circumstances, in some simple bland vehicle, soon brought relief. An allopathic physician here, a very intelligent man, and a very successful physician, whom I have been introducing into the mysteries of specific medication, has been using this remedy, and at our last conference he assured me that it was the medicine in this disease.

I used to set great value on gargles of weak solutions of carb. acid in this difficulty, but since using the sol. car. I have not been so particular about this. Get spec. solanum; give it intelligently, and persevere with it, and if your experience be as mine, you will find it the quickest, surest shot for this troublesome and oftentimes intractable disease. Of course there may be a place for some intercurrent remedy. You may find specific indications for very small doses of spec. aconite, lobelia, or sanguinaria, or a trituration of tartar emetic. Any of these can be given either with or alternately with the solanum. But don't mix too much, or you will not give the credit due to the major remedy, *solanum carolinense*.

## ART OF PLEASING APPLIED TO THE PRACTICE OF MEDICINE.

By A. P. Hauss, M. D., New Albany, Ind.

In this day of competition, where energy is constantly at a high state of tension, to succeed in the practice of medicine, the art of pleasing is one of the requirements, and surely is a valuable asset to the physician who is talented in that line.

A man is not agreeable because he sets out to be; quite the reverse. In effort there is failure. The proper effect must, like repartee, be spontaneous and unpremeditated. It must be radiated naturally, like light and love. There are writers that try to tell how it is done. They are failures.

The art of pleasing makes friends. There is nothing in the world like true friendship. Love may fade, kisses once sweet grow bitter, the illusions along with the blooms of the early morn die before noonday, fortunes may melt like the snow; but the foundation of human hap-



piness lies beneath that mutual and reciprocal relation between man and man which binds affection to respect, faith to interest, and becomes the electrode of the mind and heart. We need no philosopher to tell us that the art of pleasing makes friendship that augments our felicity and abates our grief by concentrating the one and diluting the other.

The young man contemplating the study of medicine and hoping to succeed must be possessed with the natural ability (known as individuality) to please and make friends. This art is not learned in the college hall, but is a gift that is handed down from our ancestors. The young man that has been endowed with this essential asset, the true moral worth that goes in the make-up of a gentleman and with the requisite literary and medical education, has the prime factors in the successful practice of medicine.

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### DYSENTERY.

**By G. P. Burtchby, M. D., Montezuma, Iowa.**

During the past three months we have had considerable to do with dysentery in the acute form. I believe it has been the experience of all practitioners that the disease has been more difficult to control than usual. Many of the cases begin with an attack of cholera morbus. My observation has been that those who have stuck most closely to specific medication have been the more successful in combating the disease. My plan has invariably been to first rid the intestinal tube of all irritating material by administering a dose of magnesia sulph. dissolved in camphor water sufficient to thoroughly clear out the intestinal canal, after which I give aconite for the fever and colocynth for the pain. Say sp. aconite, gtt. v.; sp. colocynth, gtt. x.; aqua camphor,  $\frac{3}{4}$  iv. M. Sig.: Teaspoonful every two hours in cases presenting the pale, leaden tongue and marked tenesmus. I alternate the aconite and colocynth mixture with magnesia sulph.,  $\frac{3}{4}$  ii.; aqua camphor,  $\frac{3}{4}$  iv. M. Sig.: Teaspoonful every two hours in case the tongue be red around the edges in place of the magnesia sulph. I bring into service the old reliable white lig. physic with simple syrup, equal parts, a teaspoonful every two hours. With the pointed tongue the sp. ipecac has proved an excellent remedy. In each case I manage to keep the abdomen warm by flannel cloths wrung out of hot water, to which has been added a little spirits of turpentine. Did not find much use for opium, excepting now and then a few drops in starch water for rectum. One case did well on soda bicarb. and leptandria, alternated with aconite and syr. rhei. et pot. This case presented the white tongue, with marked hepatic tenderness. Hot milk has been the principal article of diet, about two pints in twenty-four

hours. Bovinine has done well, especially during convalescence, two teaspoonfuls every three hours, with or without milk.

I know of no disease in which there should be more care in regard to the feeding than in dysentery. I recollect, while attending the lectures at the E. M. Institute, what care Professor Scudder took in impressing the students' minds with the fact that in many cases at least more care was required in the proper feeding of the sick than in the administration of medicine.

## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By Harvey Wickes Felter, M. D., Cincinnati.

[Continued from page 97.]

For the first few years the college was in a thriving condition, and much enthusiasm was shown by Faculty and students. For nearly ten years the Faculty supported the institution without the least outside aid. The college edifice was none too well adapted for a medical institution, and money was needed for more chemical apparatus, to fit up and more fully furnish the anatomical museum, and for a library. Repairs were also very much needed. The tuition fees had thus far been applied to keeping up supplies. However, as before stated, the Faculty, more so than that of most infant institutions, was unusually harmonious, but the lack of funds began to be felt by all. Colonel Kilbourne (*Western Medical Reformer*, December, 1838, p. 177) suggested that the Legislature be memorialized to appropriate funds, and private benevolence was appealed to. It had become evident, however, that the town was too small and out of the way ever to become a great medical center, and this, coupled with the animosities of its enemies, as well as the difficulty of procuring anatomical material, led to the consideration of a plan to abandon the Worthington College, and remove the school to Cincinnati. Subsequently a riotous demonstration was made by a mob against the authorities of the college on account of the alleged illegal procuring of a body from the Potter's field. \* \* \* The college at Worthington had received its mortal blow, and its enemies exulted. But it was to rise again in a more favorable locality, and outlive the machinations of its enemies. The Legislature (March 20, 1840 a) passed the following enactment:

"AN ACT TO AMEND AN ACT ENTITLED:

"*An Act to establish a college in the town of Worthington.*

"SECTION I. Be it enacted by the General Assembly of the State

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(a) See Laws of Ohio, 1840.

of Ohio: That so much of the first section of an Act entitled, An Act to establish a college in the town of Worthington, as may be construed as to authorize the trustees of said college to confer medical degrees, be, and the same is hereby repealed.

“THOMAS J. BUCHANAN,

“Speaker of House of Representatives.

“WM. McLAUGHLIN,

“Speaker of Senate.”

The financial crisis of 1837, and its results for the succeeding seven years, with its political entanglements, tariff agitation, and changes in the banking system, which so materially embarrassed the business interests of the whole country, was strongly felt at the Worthington Medical College, and contributed no little to its final abandonment. Though deprived by law of the power to confer medical degrees, Dr. Morrow still hoped that the tide would turn in his favor, and it is said that he continued to instruct students at Worthington until 1842.

In the class of 1832 there graduated from the Worthington school two men who were to become conspicuous in Eclecticism—Drs. Lorenzo E. Jones and Alexander H. Baldrige. Seeing the futility of any further attempt to revive the medical department, Dr. Baldrige, who had located in Cincinnati in 1840, and a Mr. Mills, who afterward lived in New York City, persuaded Dr. Morrow to remove to Cincinnati, and there renew his efforts for medical reform. In his presentation address to Colonel Kilbourne in 1845, Professor Morrow said: “When, sir, in the course of human events it became necessary to dissolve those interesting relations which had so long subsisted between the Faculty of the medical department of your institution and your honorable Board of Trustees, by the discontinuance of the operations of that branch of your college, I removed to the city of Cincinnati, with the avowed design of laying the foundation of a similar institution. Some of my more cautious and excessively discreet medical friends endeavored to dissuade me from that purpose. Yes, sir, from that noble, benevolent, and patriotic purpose of raising the standard of a cause, the proud banners of which already waved in triumph over many portions of your State, and were rapidly opening to the breeze in nearly every civilized country on the face of the globe. But I never, for a single moment, hesitated to decline most respectfully any compliance whatever with all and every suggestion having for its object purposes of this kind; notwithstanding it was pretty unequivocally intimated to me that if I had the temerity to oppose the popular practice as I had done during my connection with your institution, my prospects as a medical man would soon be hopelessly crushed beneath the overwhelming power of the profession of

that city. Not being accustomed to submit to that species of restraint which would impose on me the obligation to refrain from the performance of what I conceived to be one of my highest and most imperative duties to myself, my fellow men, and to posterity, I could not pause to calculate consequences, but forthwith announced myself a candidate for practice, according to the *Reformed System*, in the most public way; and in addition to this, I also proposed delivering a course of public lectures the ensuing fall and winter. Notwithstanding the impediments which were thrown in my way, I soon succeeded in getting into an extensive practice, and gathering around me a small but respectable class of students, and was shortly afterward joined by other members of the Reformed school, who unhesitatingly hoisted the same colors, and gallantly aided in planting the standard of that cause which it was our pride and pleasure to maintain." (b)

Professor Morrow, having determined to remove to Cincinnati, did not long remain idle. He at once planned to organize a new and enlarged medical institution to succeed and to be a continuation of the Reformed Medical College of Worthington. Accordingly, in the winter of 1842-3, with limited accommodations, he began a series of lectures to a small class in the Hay Scales House, corner of Sixth and Vine Streets, Cincinnati. He was assisted in this enterprise by Professor A. H. Baldrige, who had resided in the city since 1840, and by Professor Carr.

In 1843, Dr. Lorenzo E. Jones, a Worthington graduate of 1833, and for some years a practitioner, came from Dublin, Ind., to locate in the Queen City, and take part in the newly-formed school. Being a zealous reformer and a sound business man, this acquisition proved of great service in the establishment of the reform movement. In the winter of 1843-4, Professor James Kilbourne, Jr., M.D., (c) son of Colonel James Kilbourne, of Worthington, occupied the chair of *Materia Medica* and *Therapeutics*; but he had scarcely finished his first course of lectures when phthisis pulmonalis cut short what promised to be a brilliant career. (d)

This school, so ably conducted by Professor Morrow and his colleagues, was named the "*Reformed Medical School of Cincinnati, Ohio.*" and was the immediate predecessor of the Eclectic Medical Institute. The Faculty, in 1844, consisted of Thomas Vaughan Morrow, M.D., *Theory and Practice of Medicine*, *Operative Surgery* and *Anatomy*;

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(b) *Western Medical Reformer*, Vol. IV, 1845, p. 166.

(c) See sketch in biographical section of this work.

(d) *Western Medical Reformer*, 1845, p. 91; also Bickley, *History of E. M. I.* in *Eclectic Medical Journal*, 1857, p. 61.

Alexander Holmes Baldridge, M.D., Obstetrics and Diseases of Women and Children, and Surgery; and Lorenzo E. Jones, M.D., Therapeutics, Materia Medica, Pharmacy, and Physiology. Benjamin Lord Hill, M.D., became Adjunct Professor of Anatomy in the autumn of 1844. A Dr. Jordan is also said to have been a member of the Faculty of 1844, but his name does not appear in the July announcement of the school in the *Western Medical Reformer*, which publication, after a lapse of five years, had been resumed in 1844. From four to six lectures were given daily, and the fees for the whole session amounted to \$55. Provisions were also made, at a "trifling additional expense," for access to a course of lectures on chemistry. Four months constituted a session—two sessions, spring and summer, and fall and winter, being held each year. In December, 1844, the fees for a course amounted to but \$30.(e)

As before stated, the Reformed Medical School was held in the old "Hay Scales House." At the time of procuring the charter for the Eclectic Medical Institute, the lectures were given in a house on Third Street. The announcement for June, 1845, states that "The elegant and spacious lecture-room, known as the 'Fourth Street Hall,' has been obtained for the use of the Institute, together with two more adjoining rooms, which will be amply sufficient to accommodate a class of from two to three hundred students. In the course of the ensuing spring and summer the Institute will most probably have ample college buildings of its own." (f)

As early as 1843 efforts were made to secure a State charter, thus giving the school the dignity and privileges of a college. Drs. Morrow, L. E. Jones, Baldridge, Hill, John White,(g) and other friends of

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(e) See Announcement in *Western Medical Reformer*. 1844. p. 128.

(f) *Western Medical Reformer*, 1845, p. 15.

(g) Dr. John White was instrumental in securing signatures to the petition for the Charter of E. M. I., and was for many years one of its trustees and friends. He was born in New York State, and served as a volunteer in the war of 1812. After the war he graduated from a New York college, and located in western New York, becoming a large landholder and business man. President Jackson appointed him a postmaster, and he became also a general of militia. Moving to Syracuse, he became owner of the largest salt works there. He spent large sums of money in sending colonies to Texas, whence he followed. While there he lost his health and fortune, removed to Cincinnati, and resumed the practice of medicine. Here he aided in getting the college chartered. His health still being poor, he again went south, where he acquired a large practice in New Orleans, became a member of the School Board, vestryman in Christ Church, and was held in high estimation. In 1871 he returned to Cincinnati, where he died, Jan. 8, 1879, at the advanced age of 86 years. "His memory, hearing, and eyesight remained perfect till three days before his death. He was a remarkable man, a perfect gentleman always, and a true Christian—a man fit to live and ready to die" (See *Cincinnati Enquirer*, January 19, 1879)

Eclecticism, began (in 1845) circulating a petition which, in a few days, was signed by eleven hundred of the foremost citizens, including the mayor and members of the City Council. The petition was forwarded to Columbus, and presented, in February, 1845, to the Legislature. This petition, as Professor Bickley records, did not go to Columbus alone. "The Allopathic branch of the profession at once conceived a dreadful antipathy to the establishment of such a school as a competitor of the Ohio Medical College, and, after strenuous exertions, they succeeded in getting some sixty physicians to sign the counter-petition, hoping to effect a defeat of the bill to incorporate the Eclectic Medical Institute." (h) The chairman of the Committee on Medical Colleges and Societies of the Senate, Dr. O'Ferrall, of Piqua, even went so far as to state, in his remonstrance to the petition, "that the medical profession had reached the summit—the very acme of medical science—and that medical science does not need, nor is it susceptible of, further improvement or reform." (i) The cause of the reformers was championed on the floor of the Senate by Senator Ephraim Eckley, chairman of the Committee on Corporations, in a statesmanlike and unanswerable report, recommending the passage of the bill. This was on February 25, 1845. (j) On March 10, 1845, the bill of incorporation was passed. Thus was the intolerant and liberal spirit of medical monopoly most signally rebuked on every side. The interests of the Eclectics were intrusted to the watchful care of Colonel Kilbourne, who had so long championed the cause of medical reform. In grateful acknowledgment of his services he was presented, at Worthington, with a silver pitcher.

*(To be continued.)*

The greatest immediate danger after a tracheotomy is the possibility of a subsequent pneumonia. This can in a large measure be obviated by filtering the inspired air through a soft sponge saturated with warm one per cent. phenol solution.

The following are some of the conditions in the presence of which an examination for tabes dorsalis should never be omitted: 1. All primary swellings of the knee or ankle joint without apparent origin. 2. "Sciatica" and "lumbago." 3. A deep ulcer on the base of the great toe. 4. Repeated vomiting at various intervals, with periods of well-being intervening. 5. Abdominal pains without other evident cause.

*American Journal of Surgery*

(h) Bickley's History of the Eclectic Medical Institute, in Eclectic Medical Journal, 1857, p. 106.

(i) Col. Kilbourne in Western Medical Reformer, 1845, p. 170.

(j) The report in full may be found in the Eclectic Medical Journal of 1857 pp. 61-64.

**Seton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

By the general practitioner of medicine, a tumor of any kind affecting the bone of the human frame has received as little attention in a general way as any department of medicine. To the surgeon a tumor has some definite meaning, and to the pathologist the form of tumor has a peculiar significance. I believe that the best surgeon must eventually be a leading pathologist, because daily these pathological problems are brought up for solution, and much of the success of an operation depends upon a proper differential diagnosis of the tumor mass under consideration.

We might say a tumor is a localized increase of tissue by proliferation of embryonic cells of congenital origin. This definition, then, would eliminate localized swellings of an inflammatory nature, and which may be present for a few hours, or again of a traumatic condition remain for a few days and gradually disappear. The whole topic of tumors has received so little attention as to location and the structures involved that few practitioners offer the opinion as to whether they are malignant or non-malignant. Especially is this true in the classification of tumors affecting the bone structures of the human body. In a way we might say any tumor, any growth, and constant enlargement in the bone, or attached to the bone structure, could be considered offensive or malignant.

In a general way I have always assumed that lesion of the bones, especially of the synovial parts of the bones, with gradually increasing enlargement, prior to the age of twenty-five, in a great majority of cases, are of the sarcoma variety, and in order to make more definite the structure involved we speak in this general way of diagnosis, in a wholesale manner, then we must take into consideration in the young the possibility of tubercular lesions. The case herewith illustrated was presented to the clinic recently for diagnosis and operation. The young man, about eighteen years of age, first complained of a severe pain in the outer condyle of the femur. This pain gradually increased, and with it a perceptible enlargement of the condyle, which in months extended across the lower end of the femur, including both external and internal condyles.

That the young man was medicated for nearly all forms of ills the human flesh is heir to goes without saying. Liniments, blisters, compresses, bandages, counter-irritants, posture, immobilization, and all forms of treatment to the limb, rather increased than deterred the advancing osteoma. In the meantime nearly all medication, with the aid of electricity and X-ray, was used without results.

Now, after a great many months, the patient is presented here to the clinic for a diagnosis of the lesion and whatever line of treatment may be suggested.

Let us examine the case carefully and note what other pathological conditions may simulate this condition. We will say, on account of the gradually enlarged limb the elephantiasis is one lesion, tuberculosis diffused in the tissue another condition, and we might suggest other lesions. When we make a more thorough examination of the limb with the history given by the young man and his physician, we see nothing beyond osteo-sarcoma. Now with this diagnosis made, the next question, "Is this diseased condition amenable to any line of medication or treatment?" I think that possibly the X-ray has given more promise and deceived more people in the short time it has been used than any other method known to the profession. I must confess that I know of no remedy, or any method of averting the fatal issue, except by amputation. We have now arrived at that point in the case where the wishes of the boy and parents are a factor in regard to where the amputation shall take place. I appreciate fully their feelings in the premises. I may say right here that if you attempt to save any part of a bone that is invaded by osteo-sarcoma, you will make a complete failure and your case result in disaster, as the disease will recur. Now, as to the method of hip-joint amputation. We have the description given by Ravadan, Volkman and Esmarch, as foreign writers of authority, and Wyeth and Senn as American authorities on hip-joint amputation. I wish to show in this clinic at this time what I consider a safer and better method than any of the authors in their surgical works of amputation at the hip joint. It is so simple in its execution, and can easily be accomplished with a bistoury and the curved chisel which I herewith show you. These two instruments are all that is necessary in doing a hip-joint amputation, and then it is practically bloodless.

In the execution of the operation I make a long incision over the greater trochanter extending down the leg to the middle of the femur. This opens up at once to the hip joint without the severing of bleeders. The limb is always held high over the center of the table, and crossing on the opposite limb of the patient. We now use the curved chisel to disarticulate the head of the femur from its acetabulum. In the meantime the left hand of the surgeon is pulling downward from its socket, through the long proximal end of the femur. When this has been fully accomplished, we commence amputation of the limb by forming the flaps, cutting through the skin down to the muscles. The flaps are held aside by the assistant, and the surgeon goes carefully down to the artery under, never severing it until the hæmostats have been placed, and so





Showing Leg held up and across Body, ready for Amputation.

Showing the size and shape  
of leg at knee

Longitudinal section through  
knee and femur, showing the  
osteo-sarcoma, extending from  
condyles up the femur to middle.

the operation is continued, carefully making the posterior flaps first, then the anterior, leaving a little tissue surrounding the femoral artery, which is the last tissue within grasp of the hæmostats, secured by ligation before it is amputated.

You will notice that the patient is but slightly shocked. We shall resort to the use of strychnine hypodermically for the purpose of keeping away shock and secondary shock. The patient made an uninterrupted recovery, and in two weeks will be able to return home. You will examine the photo-engravings, by which we herewith illustrate what we found by a longitudinal section through the section of the condyle and to the middle of the femur.

In the first place, you will notice, by lifting the amputated leg, that it weighs almost as much as the remainder of the young man's body. If the extreme care had not been taken to prevent the loss of much blood at the time of the amputation, we should have had a fatal issue.

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### **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O FOLTZ, M. D.

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#### **NOTES ON THE EYE.**

**OPHTHALMIA NODOSA.**—This condition follows the entrance of caterpillar hairs into the conjunctiva, cornea or lens. The pain is severe, and nodules appear in the structures implicated. Lachrymation and photophobia are pronounced. Severe inflammatory symptoms appear several weeks or months after the injury, and often an iritis or iridocyclitis may complicate the disease. Frequently repeated examinations are required to discover the hairs, and when the iris is involved, tubercular iritis may be suspected until the exciting cause is determined.

*Treatment.*—Excision of the nodules and the continued use of a mydriatic is required.

**ASPERGILLAR KERATITIS (KERATOMYEOSIS).**—This is a corneal lesion, which has been infrequently recognized. According to Ball, this affection appears to be more prevalent in some localities than generally distributed. *Aspergillus fumigatus* is the form which has been found in examination to be the cause.

*Symptoms.*—Severe pain in the eye, considerable lachrymation and photophobia. In from twenty-four to forty-eight hours a small black substance is seen in the corneal tissue. The pain is continuous and increases in severity, being more intense than would result from the presence of a foreign body. If the mass is removed soon after its ap-

pearance, sloughing of the superficial corneal layers results, and healing will not occur until the aspergillar body is removed. Microscopic examination reveals its nature.

*Prognosis.*—Favorable if the condition is recognized early and the mass is removed from the cornea. If unrecognized and not removed, perforation or sloughing of the cornea may result, and even pan ophthalmitis may occur.

*Treatment.*—The early dissection or removal of the mass from the corneal tissue. Then treat as in an ordinary corneal ulcer.

**STRIATE KERATITIS (STRIPED KERATITIS).**—This term is used to define two different conditions which may follow cataract extraction or trauma. There is an opacity of the posterior corneal layers in both. In real striped keratitis there is seen at the first or second dressing after cataract operation fine, straight, opaque lines converging to the wound. Occasionally these lines cross and form panel figures. The most generally accepted theory of this condition is, that it results from a folding of Descemet's membrane, either from a shrinking of the cornea through cicatrization or by an unequal swelling of the corneal tissue through infiltration. The striated appearance usually disappears in a few days. After injuries to the cornea or an inflammation, a striped keratitis may sometimes be observed.

Another opacity which is frequently seen after cataract operations is the result of the use of chemicals for irrigating the aqueous chamber after operating, especially the bichloride of mercury. This form of opacity is permanent, and diminishes visual acuity.

**XANTHELASMA OF THE CORNEA.**—A degeneration of the corneal tissue, marked by its yellow color. Often follows injury of the eye with atrophy of the eyeball, and calcareous deposits in the cornea are frequently present. Vision is usually destroyed, and inflammatory action is often recurrent. Sympathetic ophthalmia not infrequently results from these attacks.

*Treatment.*—When there are recurring attacks of inflammation, an enucleation or evisceration will be the only treatment.

**FISTULA OF THE CORNEA (FISTULOUS STAPHYLOMA).**—Two types of this condition may exist. In a true fistula of the cornea there is either a perforating wound or ulcer with prolapse of the iris, but not enough iris tissue is entangled to close the opening. The lens is pushed forward through intraocular tension, closing the perforation for a time, but on account of the entanglement of the iris, complete closure does not follow. In true corneal fistula the sides of the perforation are covered by an ingrowing of epithelium, which prevents perfect closure of the tract.

A *spurious fistula* results from the repeated rupture of a small cor-

neal staphyloma, due to intraocular tension. The iris is not always entangled in the opening. It is often impossible to distinguish the difference between these conditions clinically.

According to Ball, clinically a fistula is a weak spot which alternates between closure and patency, and its location is determined, unless near the center of the cornea, by a small, black point, from which the aqueous escapes. When near the center of the cornea, scar-tissue surrounds the fistula.

*Prognosis.*—Unfavorable, the eye may become infected, atrophy, secondary glaucoma or chronic iridocyclitis may result from the condition.

*Treatment.*—Non-operative measures consist in absolute rest in bed, the employment of a compression bandage, and the use of myotics. Also such internal remedies as will decrease intraocular tension. In a few cases sufficient improvement will follow so an iridectomy will improve the visual condition.

Operative procedures consist in iridectomy, electrolysis, cauterization, the employment of a conjunctival flap, etc. In many cases the only operative measures will be enucleation or evisceration.

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#### AN ESSENTIAL MODIFICATION OF PRINCE'S ADVANCEMENT OPERATION FOR STRABISMUS.

Correction of strabismus by any procedure that effects orthophoria, free rotation, and binocular fixation at all angles, is a thing greatly to be desired, and should rank as a capital operation. Surgical interference is at present our only reliance, as orthoptic exercises by aid of the stereoscope have demonstrated that they are of value only as interesting theories, their chief difficulty being an inability to fix the attention of the subject for a sufficiently long period of exercises at an age when the recti muscles are pliant and capable of being molded into degrees of binocular usefulness. It is ceded now by most oculists that nothing at all can be hoped for from this after seven years of age, and but a limited expectancy before this, because, as I have said, of inability to gain the coöperation of the patient in following up persistently the necessary exercise, as witness the labors of Derby, and Jouval, and Worth along these lines for many years past.

That brings us forward, then, to surgery of the muscles, and, of all methods devised, this one of Prince's has seemed in theory to be the best suited to the establishment of the three factors mentioned in the first paragraph of this article, *i. e.*, orthophoria, free rotation, and binocular fixation at all angles, though in practice it has proved to be handicapped

by certain defects of technique that have thrown it into temporary disrepute, but that I feel sure have been mainly, if not entirely, overcome by the method that I will describe later. And, firstly, a rapid description of the essential points of procedure in Prince's advancement operation seems to be in order, that they may be contrasted intelligently with the modification that I wish to call your attention to later. I think I can best make them known to you by the aid of the following sketch in wood-cut, representing the proposed operation on the rectus internus of right eye:

C

FIG. 1.

FIG. 2.

First, a piece of braided silk suture of required length should be threaded with a moderately curved needle at each end. Then, after preliminary incision has been made through conjunctiva and sub-conjunctiva, and the tendinous insertion of the muscle has been exposed, the belly of the muscle with its covering of conjunctiva and Tenon's capsule below should be grasped by fixation forceps, and one needle thrust through it from without inward at point A, and burrowed along under the superior part of the ocular conjunctiva to emerge at point D, and then the needle at the other end of the thread is to be used similarly at point B, and carried along to emerge at C, after which the loop of thread between points A and B is to be caught up on a Strabismus hook and loosened, and the lower thread emerging from C be carried under the loop and upward to join with the one emerging from D, and, after the rectus tendon has been cut, these are to be tied at E, until a pulley-like traction has been exerted along the loop to advance the cut tendon to the point desired. The theory of this was a great improvement over the old form of advancement, as the traction in Dr. Prince's method was necessarily extended along the line of previous attachment of the muscle,

so that when reattachment took place, the physiological action of the muscle was in accord with the compensating contraction of the other muscles of the same eye, and so a coördination of action retained that would manifestly have been impossible with a haphazard advancement by the old method that left the tendon reattached at any point where it might chance to occur, above or below its proper line of action, and so exerting torsion and disturbing the harmonious relation of the whole group. The weakness of this operation proved to be its insufficient anchorage at points C and D, and the liability of the sutures cutting their way promptly through the conjunctival flap, and so rendering negative the advancement, or, when they did retain their grasp, the stretching of the wet loop so as to render the results inexact.

My modification, that I have put in practice for several years past with gratifying results, consists in seeking a firmer anchorage for points of fixation of the suture, and of abolishing the loop altogether, substituting in its stead a second threading near the points A and B, but retaining the line of traction along its physiological path, as conceived and intended by Dr. Prince's operation. The little sketch below will, I believe, elucidate these points of departure:

FIG. 2.

Taking, as previously, for illustration an imaginary advancement of the rectus internus of right eye, the primary incision through conjunctiva and sub-conjunctiva down to the tendinous insertion is made as before described, and one needle thrust through point B from *without inward* to emerge at A, then carried forward *above* the conjunctiva to D at point of tendinous insertion of the rectus superior, then thrust through the conjunctiva and *tendon* to emerge at *d*. The lower needle is then threaded through the rectus inferior muscle at C to emerge at *c*, then brought forward to *b*, and threaded through the belly of the rectus internus from *without inward* to emerge at *a*, and then united with the upper thread to be tied later with it, after tenotomy of the tendon of the rectus internus. The resultant advancement along proper lines is thus assured, as in Dr. Prince's operation, but with firm anchorage and with no stretching of loop, thus securing accuracy of location and retention in position of the cut tendon.

The effect is also better secured if an assistant is instructed to grasp the eyeball above and below with fixation forceps, and to strongly rotate it toward the cut muscle at the inner canthus during the tightening of the threads.

Prince's method, and also the modification just described, have the special advantage over many of the old methods, and particularly that of Worth's, in ready removal of the suture, it being necessary only to cut it once near the knot and to draw it out.—J. H. PAYNE in *The New England Medical Gazette*.

# ECLECTIC MEDICAL JOURNAL.

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## A THOUGHT OR TWO ON TYPHOID FEVER.

Since the great San Francisco earthquake and fire, typhoid fever has been quite prevalent in the cities about the bay. These are so closely connected by local trains and ferries that Oakland, Berkeley and Alameda sustain some such relationship to San Francisco that Covington and Newport do to Cincinnati. The great army of employes now rebuilding the ruined city number many from the lesser places, who go to and fro morning and evening; and many of the employed in these places reside in San Francisco.

The health officials have made a great ado over the water supply of these various places, and have thus sought to ferret out the origin of the increased mortality from the infection and put a stop to it, but have been unable to discover anything definite. Scrutiny of the milk supply has also been thoroughly made in the different municipalities, but this, too, has failed to throw light upon the subject.

It appears as though there has been little reason for suspecting such sources as the cause for the numerous cases of typhoid. All coming to the notice of the writer have been sporadic. No two members of a single family have been affected, and this ought to exclude such general carriers as milk and water. If one in a family contracted the disease from such sources, why should not others partaking from the same supply? Evidently such causes would give rise to a more or less wide-spread epidemic, and a correction of the character of the portable water supply and of the milk consumed would wipe out the disease, which must always have a tangible source.

It is to be recollected that thousands of men have been employed all summer among the ruins of San Francisco under such conditions that defecation upon the surface of the ground must occur in a great many instances, for closets with proper flushing have been few over the wide-

spread area of desolation. Consequently, a large amount of this has been accessible to flies, and the immense swarms of these insects in that city during the past season have been a subject of frequent remark and remonstrance. Undoubtedly, opportunity for their rapid propagation has been more than ordinarily favorable. The restaurants have swarmed with them, in spite of the best precautions, and doubtless much carelessness has been common in those of second-class. As a result, many of those who have lunched there have been exposed to infection by the typhoid bacillus transported by these scavengers. This would rationally account for a large number of sporadic typhoids among the many thousands who have visited these places.

According to the experience of the writer, these cases ought to run a very mild course, yet many deaths have been reported.

Among a number we have treated, some have gone through without delirium, and when this has occurred it has been very mild in character. Tympanites has been but slightly marked, yet sufficiently so, in connection with the diarrhea, prostration, rose-colored spots and gradually advancing fastigium, to render the diagnosis unmistakable. The temperature has risen to  $104^{\circ}$  during the latter part of the first week in some cases, but has fallen to  $103^{\circ}$  and even to  $102^{\circ}$  during the second week. Diarrhea becomes trifling in nature in a short time, and relapses, when these have occurred, have been exceedingly mild, the temperature seldom rising above  $101.5^{\circ}$ . Convalescence has been uneventful, and successful in every case.

In one instance no diarrhea attended, and intestinal evacuation was postponed for twenty-one days, though the patient made a satisfactory recovery, and did not become delirious at any time. He was a youth of seventeen, and was very "finicky about his eating." The only liquid nourishment he could be induced to take was pea soup. This was strained and given rather thick, as often as he could be induced to accept it, which was only two or three times a day. The health officer (old school) made an official call during the second week, and expressed surprise that physic had not been administered. This remark naturally caused some uneasiness in the family, but did not result in a demand for consultation. An enema of warm salt water provoked a copious evacuation on the twenty-second day, after the fever had subsided. A mild relapse occurred in this case, due, probably, to excitement arising from family unpleasantness on the fourth or fifth day after defervescence, but the temperature did not rise above  $102^{\circ}$  in the beginning, and soon fell to  $101^{\circ}$ .

The treatment, in all these cases, has been exceedingly simple. Echinacea, in small doses, has been alternated with kali mur. 3x (potassium



chloride). Add a drachm of specific echinacea to half a glass of water, and order a teaspoonful every two hours. Alternate this, with a teaspoonful from half a tumbler of water to which fifteen or twenty grains of kali mur. 3x trituration has been added. In some cases, restlessness and sleeplessness have been marked in the beginning, and minute doses of aconite and rhus tox. have been associated with the echinacea for a few days. No indications for other remedies have arisen, so no other treatment has been required, except in one case where muscular pain called for macrotys for the first week.

After considerable experience with kali mur. 3x in this disease, it seems to the writer that this remedy reduces the inflammatory action in Peyer's patches to a minimum, and holds it there until complete subsidence. Ulceration is thus lessened, tympanites becomes trifling in character, hemorrhage is averted, and the infectious state, with the aid of echinacea, is reduced to a mild run of fever, without serious sequelæ. Either these cases have been universally mild, or they have been exceptionally well treated as compared with the usual experience of the majority of physicians, even those who succeed in signing no death certificates in this line. One fact remains, numerous deaths have been reported from this disease from various sources in this section. The time for merging is certainly not at hand, unless the dominant school is willing to sit at the feet of Eclectic medicine and accept some of its instruction.

WEBSTER.

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### DATURA STRAMONIUM.

We are of the opinion that the use of the opiates has blinded the profession to a degree as to the value of other and safer narcotics. The morphine tablet, the hypodermic syringe, the paregoric bottle, the Dover's or diaphoretic powder, are always so convenient and efficient, you know, that it is scarcely necessary to look for other nerve sedatives or anodynes. Then it would require *some effort* to do so, and the average doctor nowadays has no time or inclination to study drugs or drug action. Drugless medicine is rapidly approaching, if it is not already with us. With some, we know that opiates, calomel, and the placebo constitute the category. But we know, too, that stramonium is an excellent drug. Its chief active constituent is daturine, said to be probably a mixture of atropine, hyoscyne and hyoscyamine. One prominent author declares daturine to be, chemically and physiologically, the same as the atropine from belladonna, but that it is twice as strong. Certainly a remedy containing such a constituent must be, when used as a medicine, a power for good or for harm, and it behooves us all to know

something about its use. The dried leaves of the Jamestown (or Jimson) weed, or thornapple, should yield, when assayed by the U. S. P. process, not less than 6.35 per cent. of the midriatic alkaloids. The British Pharmacopœia admits the seeds and an extract of the seed. The preparations of stramonium are the extract from the leaves, dose one-fourth grain; the fluid extract from the leaves, dose, minims one to five; the tincture, made from the leaves, assayed 10 per cent., dose, minims five to twenty. Stramonium ointment contains 10 per cent. of the extract.

The physiological or poisonous action of stramonium is very much like that of belladonna, except that stramonium may influence the sympathetic to a greater degree. Sufficiently large doses cause irregularity of the heart and much delirium. These actions are more marked than when due to belladonna. It is held by some that stramonium is aphrodisiac in full doses. We have not proven this. Poisoning from stramonium is more frequent than from belladonna, because of the commonness of the plant, and the attractiveness of the seeds. Children frequently gather these and eat them. The fact that they cause a scarlatin form eruption may assist in the making of a diagnosis. The treatment of poisoning by stramonium should be about the same as for belladonna poisoning, using such antidotes and antagonists as jaborandi or pilocarpine, physostigma, morphine, etc. Pilocarpine is thought to have unquestionably saved life in two cases. Strychnite should combat failing respiration. Free evacuation of stomach and bowels should be obtained, and external heat should be used to prevent collapse.

In medicinal doses, stramonium specifically meets conditions or symptoms very similar to those produced by poisonous doses. The classic indications of Eclectic literature are, a sense of constriction in the throat, difficult deglutition, and impaired innervation. While the throat symptoms are valuable diagnostic guides, we believe that the impaired innervation is of greater importance. Stramonium is especially valuable in those cases in which there is mental disturbance. The patient is noisy, restless, has outbursts of temper, may be destructive. Usually the face is dusky red, bloated or swollen; the hands tremble; the face is not the flushed face of gelsemium, but the *congested* red, more of belladonna; the pupils are dilated. To us stramonium seems a boon in delirium, in mania, and in insanity. With the indications as given, prescribe stramonium in your next case of delirium, no matter whether it be due to fever, or whether it be of alcoholic origin — delirium tremens. Use it early in your fever cases, when the *impaired* innervation begins, and you will have less delirium.

Stramonium is by far better than the opiates ; it does better work and less harm in mania, no matter whether the wildness is acute, chronic, puerperal, whisky, or hysterical. It is a remedy for the convulsions of hysteria — the patient laughs or cries, has the globus hystericus, in chorea, in nymphomania.

Stramonium should be the remedy in many cases of insanity, especially in that which accompanies or is due to epilepsy. Do not forget the "bloated, congested, red face." It is the remedy in some cases of paralysis following convulsions, strong injections, shock, etc., or from suppressed eruptive disorders. It is as well an excellent remedy in the treatment of eruptive diseases in their earlier stages. It helps bring out the eruption, it lessens nervousness, it favors sleep. Stramonium is frequently an excellent cough remedy, better than opium. Try it in spasmodic coughs, whooping-cough, etc., where there is vomiting or hemorrhage from the nose or mouth, caused by the fits of coughing or spasm. It will sometimes relieve the pains of a dysmenorrhea and help expel the clots, and lessen the nervous accompaniments. Stramonium is a headache remedy of no mean value. It is frequently a remedy for abdominal wrongs, colic and gallstones, for bladder troubles, and in the treatment of the opium habit, etc. Do not forget the stramonium face ; it has not the fullness and pallor of the belladonna patient, nor yet the flush of the gelsemium case.

A paper upon stramonium would not be complete without something as to its local use. A poultice or fomentation of the leaves is anodyne, to say the least, and is of value as an application to engorged monunæ, tumors, sprains, enlarged joints, etc. The stramonium ointment is made best from the fresh leaves. Satisfaction follows its use as an application to irritable ulcers, hemorrhoids, fissures and painful affections of the anus, to cancer, rheumatic swellings, etc.

Stramonium is an anti-asthmatic. It relieves the spasm very frequently, whether given internally, or whether the leaves be smoked alone or with tobacco, sage, belladonna, etc. Pastiles containing stramonium and nitrate of potassium, etc., are frequently used by burning them upon hot coal or shovel and inhaling the fumes. A very great many of the asthma "cures" contain stramonium. If you are not using stramonium, give it a thought and a trial. The precipitation that occurs when the alcoholic preparations are added to water tempts us to use some other vehicle when prescribing stramonium. The mixture is *nasty*.

BLOYER.

**COLLES' FRACTURE — A CRITICISM.**

"If, in the treatment of Colles' fracture, sufficient force can be brought to bear to overcome the deformity at once, and pains be taken to maintain the normal position of the ulna by a sufficiently hard and properly applied pad placed on the palmar side of the head of the ulna; and if, in addition, early massage and movements of the fingers, both active and passive, be employed, the very best results can be obtained in the great majority of cases."—Dr. —, in *The International Journal of Surgery*.

The above appeared in a late number of *The International*, and has been copied, with implied approval, by a number of medical periodicals. It serves well, by its misleading statements, to show that line upon line and precept upon precept is still needed to rescue the frequent victims of this fracture from the unnecessary suffering, prolonged disability and permanent deformity which have so generally attended treatment. It would seem, therefore, that the item should not go unchallenged. It may, indeed, be made to serve a useful purpose, as it exemplifies so well generally prevailing erroneous ideas of the fracture and its treatment.

In commenting, the first suggestion is, that very moderate force is sufficient, when properly directed, to reduce a case of Colles' fracture. A surgeon of the most ordinary muscular development, even the average woman surgeon, can reduce unaided a Colles' fracture of the most muscular and every way powerful patient.

Again, when the fracture is reduced, no pains at all need be taken to maintain the normal position of the ulna, for it will have no tendency to displacement. Reduction of the fractured radius carries with it replacement of the lower end of the ulna, and there is then no force to disturb it; consequently, there is no occasion to apply a pad, hard or soft, on the palmar side, or any other side of its head. Early massage and movements of the fingers, while judicious and entirely proper, is by no means essential to the very best results, as intimated.

If reduction is complete, and this is readily determined, the surgeon's really necessary supervision ends. To determine if there has been complete adjustment, let the arm rest on the table or other support, and note complete relief from pain; if this is admitted, it will imply reduction of itself. To confirm it, have the patient open and shut his hand, and then flex and extend the hand upon the forearm; if this can be done without recurrence of the characteristic silver-fork deformity, no doubt will remain of accurate adjustment. If any degree of deformity recurs, it will be considered an indication of another attempt to complete the adjustment. But when the evidence of reduction is complete,

as already intimated, the further services of the surgeon could be dispensed with, without great risk, at least in ordinary adult cases. Very little retention dressing is required, only sufficient to guard against accident, as there is no tendency to displacement. Of course it is not meant that the patient be discharged; only to emphasize the fact that everything depends upon accurate adjustment, and that incomplete adjustment will entail disaster in spite of pads or any other device. The position taken may seem extreme, but every statement has been verified by extended experience. A single recent case is cited. Mr. D., of this city, fell down a flight of steps late Christmas night last. He delayed consulting a surgeon until 9 a. m. the next day. The swelling and pain were extreme, but did not fully mask the usual deformity. Only a glance was needed to make the diagnosis. The tissues were rigid, and dense, unyielding; this was overcome by immersing the extremity in hot water, and applying massage, gently at first; at length with more force, until the tissues became relaxed and pliable. It was then reduced by the method detailed in a previous JOURNAL article; a light pasteboard splint was applied to the palmar surface of the forearm. This was removed every day, and a half hour's massage applied until all swelling and congestion subsided. The dressing was removed at the end of two weeks, and he was exhibited to the students, free from stiffness of wrist or fingers. After this he was discharged, with the suggestion that it might be well enough to reapply the splint at night, for a time, lest in his sleep he might lift the coverings, or in some way make too great exertion. He soon after returned to his work, in which he has since been uninterrupted. The results are altogether satisfactory, but might have been better, with less attention, if it had been treated with no delay.

CHURCH.

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### JAMAICA.

The island of Jamaica, being within the tropics, offers an experience to travelers from the temperate zone that is certainly ideal, and is a trip that will impress one with the strenuous methods of taking life easy, and not worrying about to-morrow, that will never be forgotten.

As one enters Port Antonio, after the view of the mountains has sufficiently impressed one, is the impression made by the Hotel Titchfield, which is a prominent feature of the landscape near the entrance to the harbor. This attracts one's attention because of its point of vantage, and also because it is the headquarters of tourists arriving at the island at this port. The location and service are certainly all that could be desired; and also it is where one expects comfort after making the numerous drives, which no one should miss, in this locality.

The luxuriant vegetation is certainly one that eyes accustomed to the temperate zone can never forget. Magnificent crotons are seen growing as hedges around the hovels of the natives, and put to shame the puny specimens found in our northern clime. Cocoa-nut palms, bananas, bread-fruit, jack-fruit, akee's, cocoa or chocolate trees, royal palms, poinsetta, caladiums, mango, logwood, annotta bushes, tree ferns and a seemingly endless profusion of low-growing ferns are everywhere in evidence. But few plants are familiar, but a species of asclepias, not unlike in coloring of flowers to our asclepias tuberosa, but with smaller bunches of flowers and more slender stems, are often seen. An oxalis which is often seen in our northern greenhouses is growing everywhere. A fern which the natives call the "cow's tongue" is occasionally seen, and is considered an excellent remedy for colds, but the method of preparation was so vague it reminded one of the samples left in the office by the philanthropic medicine manufacturers through their gentlemanly agents.

The green fruit of the calabash tree is also said to be "fine for sprains or bruises." The fruit is boiled in water, proportions not stated, and the decoction is taken in teaspoonful doses four times a day. I was solemnly informed "that in all but the worst cases that in nine days the soreness would be gone."

Those portions of the island visited were all interesting and the scenery fine, but for a laugh every minute or step you took, Kingston was the spot. The region around Port Antonio is quite American in its business methods, but Kingston is both English and native. The morning trips to the Victoria and Jubilee markets would keep any one with the most minute sense of humor on the laugh, and furnish food for more serious thoughts later on. Of course the terrible upheaval they have experienced has changed the conditions, but the writer will always cherish pleasant memories of the days spent at the ill-fated Myrtle Bank Hotel and city of Kingston.

What especially impressed the tourist was the fact that "every one worked but father." It was a strange sight to see the women carrying the loads on their heads, and also it was something wonderful how they increased the population. The children seemed to grow in bunches like bananas, and were in evidence everywhere. The universal good nature of the people was also a revelation, and there could not be found any evidences among the natives of our northern strenuous life. For unalloyed happiness, contentment, "easy-go-lucky," self-complacent life this island of Jamaica surely is the goal, as climate and environment are conducive to such results.

FOLTZ.

**THE SAME OLD WAY.**

A St. Louis millionaire is sick. There is nothing strange about that, you say. No, and there is nothing strange about the fact that he has pneumonia. But there is something decidedly incomprehensible in the fact that intelligent men will quietly submit to being sent to heaven before their appointed time, and over a route selected by the average doctor when he butts into a case of pneumonia.

Read the following. It is not unfamiliar to you: "Mr. Busch suffered another sinking attack Monday from 6 to 8 p. m., and during part of that time his pulse was so feeble that it could hardly be detected. At times it started into sudden violent action, then subsided again into strokes so faint as to create doubt as to whether the heart were still beating.

"Dr. Knockout says that Mr. Busch's condition is still grave."

You bet your life it's grave, and the grave is not far distant. And the grave will hide the ignorance of the medical attendant.

For nearly two weeks this man's heart has struggled nobly to stagger on to safe ground. But the doctor has stayed alongside with his "black-snake" and his billy. If one end didn't catch it the other did, and now "the pulse is so feeble that it can hardly be detected."

Is it possible that any one can be so dense as not to see that the paragraph above describes a treatment that kills? It is the description of a condition which is a sequel to the use of heart depressants to lower a temperature, and heart stimulants to boost a tired heart stumbling to its knees, so to say.

I have said it so often, but perhaps not often enough: "Let the heart alone. Do not depress it in order to lower the temperature. Do not stimulate it until it falls from exhaustion." A horse's strength is not conserved by beating; neither is the heart strengthened by the lash.

The temperature is bound to go up and stay there until the congestion is overcome, and any medicine that will reduce the temperature will stagger the heart beyond recovery.

I stated in the JOURNAL some time ago that in every case where the patient was of sufficient note to gain the notice of the press and was treated by the modern regular method of alternate depression and stimulation died. I can still repeat what I then said.

I do not believe in betting. I do not gamble, but I would like to place a thousand dollars even money on any Christian Scientist or Faith Healer against the old-school practice in the treatment of pneumonia. I am willing to stake my head that not 10 per cent. of pneumonia cases will die if they never see a dose of medicine. I am willing to barter my

hopes of a long and peaceful life that under good treatment 5 per cent. will cover the loss of life. And finally, I'll place veratrum, ipecac, bryonia and iron against the field and win every time. And these, remember, are to be given in *small* doses. Other remedies will sometimes be needed, but they are only runners.

I want to say damn so bad I don't know what to do.

STEPHENS.

### WAHOO.

Dr. W. M. Dewees, of Washington, O., a practitioner of medicine who is yet a student of medicine, writes that he has found that wahoo, given every four hours, in doses sufficiently large to move the bowels, then in much smaller doses at the same interval, is a most efficient remedy in that species of dyspeptic or stomach pain which occurs when the stomach is empty, and that is relieved by a light lunch, cup of tea or a cracker. These cases are frequently met with, and the straight remedy should not be forgotten.

BLOYER.

### CLUB RATES.

The various Eclectic publishers have decided to offer special club rates until April 1st.

JOURNALS.	REGULAR PRICE	CLUB RATE.
American Medical, 2900 Lawton st., St Louis.....	\$1.00	80
California Medical Journal 907 Dolores st., San Francisco, 1.50		1 20
Chicago Medical Times, 1485 Madison ave, Chicago .....	1 00	80
Eclectic Medical Gleaner, 224 W Court st Cincinnati.....	1 25	1.00
Eclectic Medical Journal, 1009 Plum st. Cincinnati .....	2.00	2.00
Ellingwood's Therapist, 100 State st Chicago.....	1.00	80
Los Angeles Journal of Eclectic Medicine, 337 Douglas Bld. 1 00		80
Medical Arena, 1214 Main st. Kansas City, Mo.....	1.00	80
Medical Harbinger, 910 Lami st. St Louis.....	50	40
Modern Eclecticism, 623 Austell Bldg, Atlanta.....	1.00	80
Nebraska Physician, Fraternity Bldg, Lincoln, Neb.....	1.00	80

You can subscribe to any or all of the above through this office, the only condition being that you include a paid in advance subscription to the Eclectic Medical Journal at \$2.00.

THE SCUDDER BROS. COMPANY, Cincinnati, O.

ERRATA.—On page 105 in the February Journal, the nineteenth line should read—"but these remedies would *not* exert much influence upon the spasmodic element." The name G. W. Coe should read Dr. George D. Coe.



# GREEN DRUG

## Fluid Extracts

### AND

## Normal Tinctures

### The Highest Type of Fluid Medicines.

*Because* in their manufacture we recognize the fact that the therapeutic value of many drugs depends upon constituents that are volatilized, easily oxidized, decomposed, or rendered insoluble by the ordinary process of drying or by long or imperfect storage—

*Because* in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

*Because* the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

*Because* of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

*Because* the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. Norton, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

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HEADQUARTERS FOR HIGH-CLASS REMEDIES  
FOR DISCRIMINATING PHYSICIANS.

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# Three Time-Tried and Efficient Remedies

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**GENITONE** (ELIX. VIBURNUM PRUNIF. COMPOUND—MERKELL) has for years been the unfailing reliance of thousands of physicians in the treatment of *Functional Derangements* peculiar to *Women*. Each fluidram represents Golden Seal, 5 grs., Black Haw, 8 grs., Pulsatilla, 2 grs., Passiflora, 4 gr., Life Root, 5 gr., and Aromatics, q. s. The average dose is one teaspoonful three or four times daily.

**ELYTRONES** (ANTISEPTIC VAGINAL SUPPOSITORIES) meet the indications in those cases in which leucorrhea is a symptom requiring local treatment. Their action is astringent, antiseptic, analgesic, and deodorant. Each suppository contains Boroglyceride Solution, 75 grs., Colorless Hydrastis, 5 min., Thy-moline (equivalent) 40 min., Zinc Sulpho carbolate,  $\frac{1}{2}$  gr., Ace-tanidide, 2 grs., Gelatin, q. s. Elytrones B. have the same composition with the addition of 5 grs. Ichthyol to each suppository.

**ERPIOL** —DR. SHRADER (CAPSULES APIOL COMPOUND.) Each capsule contains Apiol, green, 5 min., Ergotin 1 gr. and Gossypin 3 grs.

ERPIOL contains no aloes and acts as a direct emmenagogue, and not as the indirect result of irritation of the rectum and other pelvic viscera.

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**A Manual of the Eclectic Treatment of Disease.** Designed for the many Students and Practitioners who are now diligently searching for knowledge of the most direct action of drugs, as applied to specific conditions of disease. By Finley Ellingwood, M. D. In two volumes. Vol. I. Published by the author, 100 State street, Chicago. Cloth, \$3 00.

In the preface we read : "This will be found to differ from a complete work on practice only in the fact that I have left the exhaustive consideration of the history, etiology and pathology of disease to other writers. The subject of etiology, however, in each disease, will be found sufficiently full for all practical purposes, and the symptomatology, diagnosis and prognosis are as complete as in a work on practice. In the treatment the work is exhaustive, and I trust it will be found to be as practical to the reader as the suggestions have proven to be to the author." As an author usually can best tell what his book is, etc., we will let it go at that. The book makes very interesting reading for any practitioner of medicine who is attempting to find the best. There are many, many good things in it. W. E. B.

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**Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs.** By J. V. Shoemaker, M. D. Thoroughly revised. Royal octavo, 1244 pages. Extra cloth. Price, \$5.00 net. F. A. Davis Co., publishers, Philadelphia.

The author believes the new edition to be fairly, if not fully, representative of the present state of therapeutics. The numerous recent pharmaceutical alterations in nomenclature, and in the strength of official preparations, and also the many new titles which have been added, have necessitated a thorough revision of every page, particularly in order to make the second part correspond with the present standards, both of the U. S. P. and the B. P.

Part I, Pharmacology, is entirely added to the work, having been taken from the limited student's edition, but thoroughly revised and

modernized. Part II, pages 85 to 926, treats of official remedies, or drugs contained in the U. S. P. and B. P. Part III treats of non-pharmaceutical remedies and expedients.

Altogether, this is one of the best works upon the subject published. It has, to a degree, been a favorite with us for some time. There is a liberality displayed in this and former editions in the consideration of many drugs used by the Eclectics, but at the same time the treatment of them shows the author to be unfamiliar with the Eclectic uses of them. There is a vast difference between allopathic and eclectic indications, doses, etc., of colocynth, ipecac, bryonia, and a dozen other remedies that might be named. To make the work complete, the full uses of a drug should be given. However, these remarks apply to most if not all of these scientific works on materia medica and therapeutics. It is withal an excellent work.

W. E. B.

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**Text-Book of Diseases of Children.** By G. M. Tuttle, M. D. New (2d) edition, revised. 12mo, 392 pages, cloth, \$1.50 net. Edited by B. B. Gallaudet, M. D. Lea Brothers & Co., Philadelphia.

In reviewing the second edition of this text-book on diseases of children, we have carefully compared it page by page with the first edition, and find but few changes of any moment save only in chapters V and VI. Chapter V, "Feeding of Infants," has had its text considerably changed, and is brought down to the present in the views as to the merits and demerits of the various plans advocated in this important part of pediatrics. Chapter VI, "Diseases of the Digestive System," though not changed in phraseology from the first edition, is enlarged by the addition of sections on "Congenital Stenosis of the Stomach, Cyclic Vomiting, and Uncinariasis. The articles are all concise and practical, though not by any means too short to be instructive. The book is both well printed and well bound, and makes a good addition to one's working library.

W. N. M.

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**Obstetrics for Nurses.** By J. B. DeLee, M. D. Second revised edition. 12mo, 510 pages, illustrated. Philadelphia: W. B. Saunders Co. Cloth, \$2.50 net.

This work should be read by every woman who assumes the duties of nursing an obstetrical case. Many physicians whose opportunities to observe the most improved methods of obstetrical nursing, men whose work is mostly confined to country districts, will find a great deal of useful information by carefully studying this book. Seven per cent. of the deaths of women between the ages of twenty and forty, are due to puerperal infection. It has been estimated that one-third of the blind people in the world today have lost their sight because of the

## **"SPECIFIC MEDICATION AND SPECIFIC MEDICINES."**

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows:

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no SPECIFICS *for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

LLOYD BROTHERS,  
CINCINNATI, OHIO.

xx In corresponding with advertisers mention *Eclectic Medical Journal*.

# Physicians and the Pure Food and Drug Law.

## To Eclectic Physicians.

**IMPORTANT.**—Whoever distributes or prescribes Alkaloids, Alkaloidal Drugs, Narcotics, Heart Depressants, such as Acetanilid (Antifebrine, etc.), Eucaïne, Chloral Hydrate, Chloroform, and such as these, or any compounds, tablets, pills, triturations or powders of such as these, be they alone or in combination, or any alcoholic preparation, *must do so in accordance with the National Law.*

**BE SURE TO BE RIGHT.**—Although a correct knowledge of the subject concerning the effect of this National law on physicians is of exceeding importance, some physicians are taking on themselves much unnecessary worry, and others are dangerously indifferent.

**KNOW WHAT TO DO.**—Any reputable physician in any state or territory, who wishes to do right, need meet no trouble whatever in the legitimate practice of medicine providing he knows just what to do in order to do right.

**IGNORANCE OF THE LAW NOT AN EXCUSE.**—The Government demands honesty and fair business methods of both dealers in and prescribers of medicine. Ignorance of the law, carelessness regarding its demands, even though no wrong is intended, will not be accepted as an excuse for a wrong done by anyone.

**WHO ENFORCES THE DRUG SECTION?**—The Agricultural Department must regardlessly enforce the law as it relates to Alkaloids, Alkaloidal Drugs, Heart Depressants, Narcotics, and the proscribed medicines.

**WHO ENFORCES THE ALCOHOL SECTION?**—The Internal Revenue Department must as relentlessly enforce the law concerning Alcoholic Menstruums and Alcoholic Compounds.

**THE LAW BREAKER TO BE PROSECUTED.**—Both these phases of the law in every direction concern pharmacists and physicians. Error of judgment, indifference to the law's demands, or intentional wrong-doing, is wrong in the law's eye, and the law-breaker, be he physician or druggist, must be prosecuted.

**DRUGGISTS ARE ALREADY INSTRUCTED. PHYSICIANS MUST ALSO BE ADVISED.**—The pharmaceutical press and the drug journals have for over three months been loaded with questions and answers that help pharmacists and sellers of medicines to know what to do to protect themselves. It is fully as important that physicians and dispensers should also be instructed, for the law applies as directly to prescribers as to dealers in medicines.

**A COMPLETE STUDY IN ITS APPLICATION TO PHYSICIANS.**—In order that physicians may know both *what to do*, and *what not to do*, John Uri Lloyd, is compiling from the Lloyd Library literature, which is the most complete collection known, and the personal correspondence he has with the Washington authorities, a detailed study of the *law in its relationships to physicians*. This will be published in full in the March *Eclectic Medical Gleaner*.

**IF A PHYSICIAN IS FINED, IT IS HIS OWN FAULT.**—With this before him, a physician need not run any risk of arrest and fine, unless he voluntarily or through indifference does what he knows *he should not do*.

**HOW TO AVOID ALL RISK.**—The Gleaner article will probably answer any question that is likely to occur to any legitimate practitioner of medicine, and by its various explanatory examples will show every reputable physician how to avoid any risk whatever. It will by explanatory examples, show how to calculate subdivided amounts of the alkaloids, narcotics, alcohol, and energetics such as physicians prescribe, how to write the labels, what to use in order to conform to the law's requirements, as well as what not to use in order to be safe against the law's penalties.

**CONTINUED RULINGS AND INFORMATION.**—The Gleaner will also thereafter, during the whole year, give important Lloyd Library gleanings, concerning the scope, demands, and enforcement of the National Law in the various phases that arise concerning its application to physicians. This is done both because the complete literature in the Lloyd Library makes it the Gleaner's duty to instruct physicians in a direction that is largely out of the field of other journals, and because the subject is of such exceeding importance to physicians.

Should you desire this information, address,

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January 1st, 1907.

carelessness and ignorance of the attendance at the time of birth. There are many diseased conditions following parturition that could be prevented by proper nursing. A knowledge of this book will contribute greatly to the relief of many of these troubles. The anatomy and physiology of the reproductive organs are briefly given, together with the nurse's duties in managing labor and the puerperium, and instructions as to the diet of the mother and infant feeding are given. The book will certainly supply a much-felt want.

J. R. S.

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**A Compend of Obstetrics.** By H. G. Landis, M. D. Cloth, \$1.00. P. Blakiston Son & Co., Philadelphia.

To any one desiring to thoroughly inform himself upon obstetrics and the many complications that arise in connection with obstetrical practice, without having the time to make a prolonged study of it, this book will furnish just what he desires. The questions asked by the author upon all phases of obstetrical problems are pertinent, and the answers are as complete and as full as the size of the book will allow. Every physician who is engaged in obstetrical work to any extent whatever, should have this book and carefully consult its pages. J. R. S.

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**Genito-Urinary Diseases and Syphilis.** By H. H. Morton, M.D. Second edition, revised and enlarged. 500 pages, cloth, \$4 00. F. A. Davis Co., publishers, Philadelphia.

From recent investigations into the bacteriology and pathology of the diseases affecting the genito-urinary tract, much definite knowledge has been obtained and many advances made in this branch of medicine and surgery. This has necessitated a revision of the previous edition in order to have a work which is up to date and abreast of the times. This has been very successfully accomplished by the author in this compact little volume.

Too much cannot be said in commendation of the chapters relating to the diagnosis and treatment of the various forms of gonorrhea and the diseases affecting the prostate gland. Much space is devoted to these very serious troubles, and well it may be, for as a rule we are too liable to regard them lightly, and thus indirectly invite irreparable damage to our patient.

The language is clear and to the point and is supplemented with many excellent photo-engravings and colored plates. Just what the practitioner needs whose opportunities for seeing these cases may be infrequent, is to be found in this work, making it appeal especially to those who would depart from the more or less empirical methods that have prevailed to a greater or less degree in the past, and treat these diseases from a more scientific standpoint.

B. V. H.

**Plaster of Paris and How to Use It.** By M. W. Ware, M. D. 12mo, 72 illustrations, 100 pages, cloth, \$1.00. Surgery Publishing Co., New York.

This is one of the most useful books ever presented, not only on account of the general demand for the information and instructions upon the subject which this book so explicitly, practically and comprehensively covers, but because this knowledge was not previously available except from such a vast experience as enjoyed by Dr. Ware, or in part by reference to many books on allied subjects.

It is a vivid narrative, profusely illustrated, of the many uses to which plaster of Paris is adaptable in surgery. The whole subject, from the making of the bandage to its use as a support in every form of splint, corset or dressing, is graphically described and illustrated. The use of plaster of Paris in dental surgery is also covered. The book is presented in the artistic manner characteristic of the productions of the Surgery Publishing Co. It is printed upon coated book paper, and attractively bound in heavy red buckram, stamped in white leaf and gold.

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**What to Do for the Head.** A compilation of the most important symptoms of the head and the leading remedies in their cure. By G. E. Dienst, M. D. 184 pages; cloth, \$1.00 net. Philadelphia: Boericke & Tafel.

Unless homeopathically born and bred, one can not fully appreciate that "Every remedy indicated in this book is as true as gold in curing the symptoms for which it stands." The only apology the writer had for writing the book was that he needed it in his work. It certainly is homeopathic practice for head symptoms in a nut-shell, and will well repay a very thoughtful study, whether one believes in symptom treatment or not. Eclectics can certainly study it to an advantage. W. E. B.

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## COLLEGE AND SOCIETY NOTICES.

### THE NATIONAL MEETING, 1907.

The annual meeting of the National Eclectic Medical Association will be held at the Hotel Alexandria, Los Angeles, Cal., June 18, 19, 20 and 21, 1907. Special rates, \$2.00 per day and upward. Possibly some have been there and enjoyed its bright sunshine, balmy air, beautiful flowers and luscious fruit. To such it is a waste of time to write. The majority have not, and to them I simply say it is beyond descrip-





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tion. Those who can afford the time, one month at least should be spent after our meeting. There are so many delightful and interesting side trips at a minimum expense. Read Stoddard's Lectures, Vol. X, for full description of Southern California and the Grand Cañon of Arizona.

No one should return without a visit to Long Beach and Catalina Islands — the beautiful Bay of Naples is not more attractive than the Bay of Catalina, encircled by the quiet, restful little city of Avelon. Here you rejuvenate under skies as blue and fair as those of Italy. The ride over the bay in glass-bottomed boats, through which may be seen the beautiful deep-sea forests, flowers and fishes, is exhilarating and refreshing. Sea bathing is also a popular pastime. Those who are fond of angling find the greatest, most exciting sport among the finny tribe to be found anywhere. Fish twice the weight of Fiskowitz, Bloyer or Beals are to be caught in these waters. They are not of the whale family, either.

Allow me to urge all Eclectics to join in this National meeting. First see to it that you attend your State meetings, which begin soon to hold their 1907 annuals. Devote your energies to a thorough organization of all Eclectics in your State Association — *go yourself*. When there, move a "special order" early in the session for consideration of "National interests." Secure, by personal appeal and otherwise, every one who will join a delegation or party for the Los Angeles meeting. Have the corresponding secretary of the delegation whose duty it will be to correspond with Dr. H. H. Helbing, 1208 N. King's Highway, St. Louis, as to routes and rates, he to advise the delegates and perfect local or State arrangements. And then *all go*.

May I emphasize the importance of this devotion to our school and its organic work as an imperative necessity for our State and National existence at this time, when such an organized and seductive attempt is being made by the dominant or regular school in village, hamlet, town, city, county and State to delude Eclectic physicians into the erroneous belief that we have no further need of the school which has done so much for humanity — that all are about alike, no difference, etc.? This assertion we know to be false. *There is a great difference*. If you doubt the statement, just have pneumonia yourself and try a favorite regular R. "for pneumonia," and then report — if you can; if not able to do this, send us back a Marconi or De Forest; if the fuses are not all burned out, you might 'phone.

The attempt to discourage by knockers who use allopathic thunder furnished them free must be met, and no better way than through local, State and National organization. Away with their idle talk and proposition to absorb. They never have advocated Eclectic interests, and

are not doing so now. Let it be stopped, and let us work on in behalf of the best practice, the grandest school — the School of American Eclecticism.

The feature of the meeting will be a four-days' session chuck full of papers and discussions — nothing done hurriedly, but thoroughly and to the point. It is the aim and endeavor of the officers to make the meeting worth the expense of the trip and more — the attractive scenery, the scenery and social enjoyment the dividend, and it will be one hundred per cent.

"Meet us in Los Angeles" in June. Cordially,

E. H. STEVENSON, M.D., *President.*

Fort Smith, Ark.

Dr. P. E. Howes, 703 Washington Street, Dorchester, Boston, is arranging a special party by way of New York and Chicago.

Dr. J. K. Scudder, 1009 Plum Street, Cincinnati, will conduct a special party via St. Louis and Kansas City, via Sante Fe route, stopping at the Grand Cañon of the Colorado.

Dr. C. E. Frazier, of Weatherford, Texas, is arranging for a special Southern party by way of Texas.

Send your name in and join some one of these three parties at once. The Transcontinental and Central Passenger Associations have both granted a one-fare round-trip rate; no certificate necessary. This is a flat rate, open to all Eclectics and their friends.

The rate from principal points will be as follows: St. Louis, Mo., \$57.50; Chicago, Ill., \$62.50; Cincinnati, O., \$65.50; Atlanta, Ga., \$67; Nashville, Tenn., \$62; New York City, \$78.75; Boston, Mass., \$79.50; Little Rock, Ark., \$57; Oklahoma City, Okla., \$50; Dallas, Tex., \$49.35; Galveston, Tex., \$51.45; San Antonio, Tex., \$50; Kansas City, Mo., \$50; Lincoln, Neb., \$50; Denver, Col., \$44.20; Portland, Ore., \$33; San Francisco, Cal., \$15.

#### NATIONAL ASSOCIATION BULLETIN FOR MARCH.

[NOTE — It will be the purpose of the National Association officers to present monthly bulletins from now until next meeting.]

Already we have had a report of the visit of our President, D. Stevenson, and our Corresponding Secretary, Dr. Helbing, to the meeting of the Texas Association, where much is being done that is interesting and progressive.

All sections for the coming meeting have been carefully officered, and the work of preparing a splendid program is now progressing.

It is the earnest desire of our President and all of the officers, that each and every Eclectic in the United States shall do his full duty for the good of the cause in general and himself in particular. To this end prepare your papers early and carefully that they may be a credit to our

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**T**HE overtowering importance of the so-called physical or mechanical methods (physiological therapeutics) in the modern treatment of disease is admitted on all sides. No physician can be considered an up-to-date practitioner who has not some knowledge of massage vibration, Swedish movements, hydro-therapy, thermo-therapy, electricity in its various forms, Fin sen-rays and other forms of light treatment, X-rays, and the fundamental branches of physiological therapy, to wit, hygiene and dietetics.

The Cincinnati Post-Graduate School of Physiological Therapeutics is a school of scientific medicine, and the only post-graduate school of its kind in the West. It is open to physicians only. The school has the most complete equipment to be found anywhere in the United States. The courses of instruction are short and practical. A two weeks general course, including instruction in static electricity, galvanism, faradism, high-frequency currents, Roentgen rays, hydro-therapy, thermo-therapy, Finsen rays, Minin rays, electric light baths, massage, Swedish movements, etc., given from time to time for the benefit of busy practitioners who can not afford to spend much time away from home. The school has the unqualified endorsement of the profession. Every member of the graduating class of the Eclectic Medical Institute is given a course in drugless therapeutic methods at the Cincinnati Post-Graduate School of Physiological Therapeutics, the course being obligatory and a part of the curriculum of studies.

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The text-book of practice used at the school is " <b>MODERN PHYSIO-THERAPY</b> ," a practical hand-book of Physical and Mechanical Therapeutic Methods, by <b>Otto Juettner, A. D.</b>
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Illustrated prospectus of the School and specimen pages of "Modern Physio Therapy" sent upon application. Address

**Cincinnati Post-Graduate School of Physiological Therapeutics,**  
No. 8 West Ninth Street. CINCINNATI O.

## THE ECLECTIC NEWS.

permanent literature and the author as well. Have your article type-written, and if you find it impossible to attend the meeting send your manuscript to the Secretary of the society no later than June 1st, that it may be referred to its proper section in its order, and thus no valuable essays will be lost.

At the close of the Put-in-Bay meeting our Treasurer, Dr Jones, after paying expenses to the amount of \$1541.81, paid to his successor, Dr. King, \$803.81. Collections and expenditures up to October 1, left a balance of \$1089.39. The exact balance on hand will be given later.

Personal communication is solicited, and will be kept up with every local and State society where the proper address can be obtained. The success of separate societies, as well as the National, will depend upon the personal efforts of the individuals, their activity and their loyalty.

The Secretary's work, in so far as the Transactions are concerned, is before each member in good standing, unless by change of address, unknown to us, we have been unable to reach you.

Begin now to renew life with the coming spring, and add renewed loyalty and energy to the cause. Very fraternally,

WILLIAM P. BEST, Sec'y, 2218 E. 10th st., Indianapolis.

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### TRIBUTE OF RESPECT.

We, the members of the Sophomore and Freshman classes of the Eclectic Medical Institute, feeling the great loss and grief that has come upon us in the death of our classmate, Walter L. York, desire to pay this tribute to his memory:

That we know his life was pure and good, and that his example at all times was pleasing and helpful;

That as a student he was earnest, capable, and trustworthy, and as a man he was kind, devoted, and sympathetic.

And with this tribute we extend our sympathy to those who are nearest to him in the ties of family relationship, joining with them in an humble acknowledgement of the wise dispensation of Him who visits all his children

in the spirit of love and mercy.

ROY W. KINSEY.  
M. C. KARR,  
F. H. LONG,

H. F. KILLEN,  
A. M. UPHOUSE,  
Committee.

The Eclectic Medical Association of Arkansas will meet in the city of Little Rock, May, 1907. We expect to make this the best meeting in the history of the Association. T. J. Daniel, M. D., Secretary.

The forty-seventh annual meeting of the Eclectic Medical Society of the State of New York will be held at Albany, Marsh 6 and 7. Dr. A. E. Broga, M. D., President.

The next annual meeting of Tennessee Eclectic Medical Association will be held at Nashville, May 14 and 15, 1907. Dr. B. L. Simmons, Recording Secretary, Granville, Tenn.

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## PERSONALS.

**For Sale.**—Thoroughly established practice in the heart of New York City. Fourteen years in present location. Sickness in family makes change necessary. For further particulars address Dr. F. A. Carpenter, 341 West 23d st., N. Y. City.

**Locations.**—Good opening for a young Eclectic in Michigan. For particulars address The Dewey Drug Company, Jackson, Mich.

Good location in Indiana; nothing to sell. For further particulars address Dr. F. W. Moses, R. R. No. 6, Columbus, Ind.

Location. For particulars address Dr. H. F. Davenport, North Vernon, Ind.

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Peacock's Bromides is made to meet every possible requirement of the bromides. It is a combination of the five bromides of the alkalies and alkaline earths—potassium, sodium, calcium, ammonium, and lithium. The salts employed in the manufacture are made especially for Peacock's Bromides, and are purer and better than the commercial salts. The preparation will give the best possible bromide results with the least danger of bromism and gastric disturbances.

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As a general antiseptic that does not coagulate albumin and is non-irritant, deodorant, and practically non-poisonous, Glyco-Thymoline has clearly a wide range of usefulness. My own observations, however, have been practically confined to its use in the nose and mouth, with results that have proved satisfactory in every instance, especially in acute coryza, pharyngitis, influenza, and septic conditions of the mouth. —Dr. David Walsh, Physician to the Western Skin Hospital, London.

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There is one point that must always be thought of when pus has been aspirated after an exploratory puncture for either suspected empyema or liver abscess; make sure that the "pus" does not come from a bronchus. This can be determined, as a rule, by microscopical examination of the aspirated fluid.

American Journal of Surgery



*In corresponding with advertisers mention Eclectic Medical Journal, xxv*

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## **PRICES REDUCED**

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Office Operating Table (\$90.00 list) \$50.00; Complete Sterilizing Outfit, \$45.00; Fever Thermometers, 3 for \$1.00; Instrument Cabin Bags, \$3.75; Surgeons' Operating Outfit, consisting of operating table, instrument stand, irrigator and basin stand, \$25.00.

When in need of any supplies, write to us for quotations.

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High-grade Surgical and Veterinary Instruments and Hospital Supplies.

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CINCINNATI, APRIL, 1907.

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## Original Communications.

### MAGNESIUM SULPHATE.

By E. R. Waterhouse, M. D., St. Louis, Mo.

Epsom, or bitter salts, as it is known to the laity, is one of our most useful therapeutic agents. You have probably taken it in your younger days, under protest, or a threatened "licking," and have made wry faces at it as it passed down in recent years. Yes, it is nasty, but upon homeopathic principles we are prompted in administering a nasty medicine to cure a nasty disease.

Very few physicians know the great value of this remedy, I may say most common remedy, for it is to be found in the family medicine chests of most homes. Sal epsom is one of the products of nature, being found in the waters of many springs, as well as in sea water, and upon rocks in many of the large caves throughout the entire country. The water from the Carlsbad Springs, as well as from the Crab Orchard Springs in the State of Kentucky, contains this substance in abundance. It has an action as a refrigerant cathartic, and possibly as a hydrogogue; still this latter action may be greatly enhanced by the addition of cream of tartar. It is an alterative of value when applied locally as well as internally. Physiology teaches us that the healthy skin throws off eleven grains of solid matter each minute, or two pounds and one ounce in the twenty-four hours, and this process of retention, if allowed to go on, assumes the greater causation in all febrile and inflammatory diseases.

When this remedy is administered it should be well diluted, as many cases are recorded where death resulted from taking this remedy in too concentrated a form.

Magnesium sulphate may be given in fevers where most other cathartics would be strictly contra-indicated, and when it is given for a continued period, it is better tolerated by the stomach than any other of the salines.

It is, in most instances, good policy to start off the treatment of inflammatory rheumatism with a generous dose of sal epsom. This cleanses the digestive tract and removes the morbid material, upon which a large part of the fever depends, and will often render the case more mild in its action than it would have been without it.

It is almost a specific in the treatment of dysentery. Should the disorder start after a period of constipation, give the epsom in good, round cathartic doses; then if the dysenteric phenomena are not dispelled, follow up with small doses, say from three to five grains every two hours, well diluted. Should the disease appear after the bowels have been loose for a time, start the epsom in the small doses from the first. It is a well-known fact that in nearly every case of dysentery there is a sluggish or constipated condition of the upper intestinal tract, and when this is relieved the patient is well upon the road to recovery. As one of our old-time Eclectics said to me, "I don't know how it is, but with a case of dysentery I give them physic until I get them to 'stinking,' and then the disease is nearly cured," so here it is in a nutshell. He had never seen the outside or inside of a medical college, but his observation told him to bring down the contents of the upper bowels and the cause was largely removed. We would never have a case of typhoid dysentery if the physicians would use epsom salts instead of opium in treating it.

In most malarial sections, auto-toxemia complicates nearly all pathological conditions; the excretory organs become dormant and the self-generated poisons are retained. The skin is dry and muddy in color from infiltration. Here our magnesium sulph. is our best remedy, both inside and outside. Laxative doses frequently repeated, and the sponge bath of a solution, made by adding one or two ounces of the epsom to the pint of water. This restores the action of the skin as no other application will do; this applies to all fevers, eruptive or otherwise, and the whole line of inflammatory actions. The antagonistic effect of sulphate of magnesia in auto-toxemia is believed to be on account of the affinity that the drug has for carbon, which is taken up and carried out, and by the stimulating action that the epsom sponge has upon the skin, vast amounts are excreted.

As an adjunct to the toilet, epsom salts, with or without glycerine, gives us a fine complexion lotion. Apply this to the hands and face upon retiring and allow it to dry in. With brisk rubbing it will remove dirt and pigment that no ordinary wash, with soap and water, will reach. The preparation made from epsom salts, and known upon the market as "Milk of Magnesia," is valuable in this connection. Wash the skin as clean as you can with soap and water and apply some of the milk of

magnesia with brisk friction, and you will be astonished to note the amount of dirt that will be brought out.

As a medicine this preparation is of importance as an anti-acid laxative and for digestive troubles of infants. This is made by taking a half pound of epsom salts, dissolve in, say, a quart of warm water, and add to this two and a half ounces of caustic soda. The sodium takes the sulphate from the salts, and, uniting with it, forms a solution of glauber salts, which is to be carefully drained off as soon as the magnesium has precipitated. Wash this precipitate until the wash does not give any salty taste, when it is to be strained through muslin, and the remaining precipitate redissolved in a quart of water, and the preparation is finished.

A very troublesome condition of the ankles of old people is cured by the local application of the solution of sal epsom. The skin assumes a hard, crusty condition, with a dusky red or purplish color, which often cracks open, smarts and bleeds, and slimy ulcers form, which no amount of coaxing with ointments will cause to granulate, because of the fact that the blood supply of the skin is so limited that the parts are nearly mummified. Here the local application of the epsom solution softens the skin, stimulates the blood supply, and soon we note the white, slimy ulcers change to a red, and healthy granulations begin to start, and in a few days the whole matter is entirely changed.

In neuralgic conditions, the local use of the solution applied along the course of the troubled nerve will often relieve the pain in a few minutes. The only explanation of this action is, that the nerve structure being largely formed of magnesia, absorption may carry a supply of the salt to the structure. It is not uncommon for the pain of a facial neuralgia to disappear in five minutes after the application of this solution. In painful sciatica, and in swollen joints in cases of inflammatory rheumatism, cloths are to be wrung out of the hot epsom solution and bound upon the parts. I have used this solution in erysipelas and septic conditions, where the parts are swollen, red and painful; here wring out cloths from a hot solution and bind on the parts, as in rheumatic swellings, and often the pain will vanish in half an hour. Try this to the throat of youngsters in croup and simple tonsillitis, and to the chest in cases of pneumonia, and you will be pleased with its action.

In gonorrhea, keep up a strong laxative action with epsom internally, and use injections of the solution to the urethra as hot as the patient can stand it.

In malarial and typhoid fevers I order a sponge of epsom over the entire body once or twice a day. Try this and note the improvement in the action of the skin, even under an abnormally high temperature.

In treatment of diabetes, and as well in albuminuria, the epsom sponging relieves the kidneys by encouraging the skin to do its work, and thereby relieving the sick and overworked organs. Small doses seem to act as an astringent to the kidneys in diabetes, reducing the output of urine to some extent.

In the forming stage of any acute disease, the use of the hot foot-bath is greatly enhanced by substituting the hot epsom solution, made with half a pound of epsom salts to the gallon of water.

The application of the solution to a scar upon the cornea, that interferes with vision, will in the majority of instances entirely cure in six months. (This also can be done with a solution of glauher salts.) This epsom solution has a peculiar action upon scar tissues. A bad scar upon a lady's face, even the pitting of smallpox, can be removed, in part or whole, by the continued application of this solution. They should be bathed night and morning for an extended period. Try small doses and the sponge in cases of cicatricial tissue in the bowels or bronchial organs.

In treating measles, the sponging will stimulate the skin and assist in the development of the eruption. Will also reduce the fever before the eruption is brought out.

In all cases of nervousness from overwork or worry, try the sponging with epsom solution, and note the tranquilizing effect upon the nervous system.

The basis of all effervescing cathartic solutions is sulphate of magnesia (the dehydrated preparation being mostly used, which is but the ordinary epsom with the water of crystallization dried out). This is to be incorporated with tartaric acid and bicarbonate of soda in their right proportions, and after thorough mixing the product is to be moistened with alcohol and pressed through a sieve and dried, when it will be found in nice granulations and ready for use.

In parts of the country we will find great annoyance from the little chiggers that seem to set "a feller" on fire. Let the party use the sponge of sal epsom in the morning, and the chiggers will let him entirely alone. The same can be said of fleas. Try plugging an aching tooth with cotton wetted with the solution.

Prof. Finley Ellingwood says that if two grains of tannic acid be added to an ounce of epsom salts and boiled for a few minutes in a pint of water, that the characteristic bitterness will have fled.

A very fine preparation of epsom salts is easily made by taking two pounds of the salts, one ounce of tr. cardamom, twenty grains vanillin, three drachms of saccharin, two ounces of alcohol, two ounces of glycerine, two ounces coffee (roasted and ground), and water to make half a gallon. Stir the coffee in the half gallon of hot water, and let it stand

for fifteen minutes, until the coffee has drawn, then add the salts. Add the vanillin and the tr. cardamom to the alcohol, and shake; then add the glycerine and the saccharin, and when the coffee mixture is cool enough mix all together and filter.

A half ounce of the salts is contained in each ounce of the mixture. It keeps well, acts well, tastes well, and the children will cry for it.

Few remedies equal epsom salts in the treatment of lead poisons, or lead colics. The sulphate has a direct action upon the lead, keeps the bowels open, and cures the case in a short time.

Epsom salts sponge night and morning will greatly facilitate the cure of obesity by putting the skin in condition to throw off a large part of what has been retained, and together with an epsom purge occasionally, will in a majority of cases bring satisfactory results.

Fantastic frostings may be produced upon a window or mirror by the application of a solution of epsom salts in acidulated water or sour beer. It is used largely to ornament bar mirrors in saloons.

Another use for this solution is found in the manufacture of the ordinary incandescent gas mantles. These are knitted like the finger of a glove, wet in the solution of epsom salts and dried, when we have the ordinary mantle used upon our gas lights. In drying, stretch them over a stick to give them the desired shape, and if not needed for use at once, give them a coat of shellac.

It is claimed that the epsom-salt treatment of smallpox limits the eruption by carrying off the toxins in other ways, and often a patient will not develop a dozen pox marks.

Magnesium sulphate is of service in cancer of the rectum to liquify the stools where the swelling and soreness is very great.

Should the stomach reject the administration of epsom salts, the solution may be thrown into the bowels with equally as good effect.

It is often dried and powdered and blown into the throat in treatment of diphtheria. Here it seems to antagonize the infection, and has given good results. It has also been administered hypodermically, and gave its usual cathartic action.

Sulphate of magnesia was used by Dr. Meltzer as an intra-spinal injection, which produced anesthesia to parts below the point of injection sufficient for surgical operations. The dose used in this instance was one C. C. of a 25 per cent. solution to each twenty pounds of the weight of the patient. Sensation and motion returned in from eight to twenty-four hours, with no ill effect.

Dr. Shoemaker gives us a formula for treatment of lead colics: Sulphate of magnesia, two drachms; sulphate of morphine, one grain; peppermint water, three ounces. Mix. Dose, a teaspoonful of the mixture every two hours.

Professor Webster says that 1-10 to  $\frac{1}{4}$  grain of epsom several times a day will remove warts in two or three weeks.

I have found Crab Orchard salts of value in treating eczema. Pur-gative doses and locally, combined with olive oil.

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### NERVOUS SHOCK.

By Bishop McMillen, M. D., Columbus, O.

Nervous shock is a condition, not a disease. It is a symptom the result of many causes, and is a factor that must be considered in a large per cent. of the nervous cases that present themselves for treatment. It is to the after-effects on the blood-making and nutrition to which I want to call your attention. The sympathetic nervous system seems to super-intend all the vital processes within the body by which food is turned into blood and blood into tissues and energy. Shock from any cause seems to depress and retard these life-sustaining functions. If we stop to contemplate and attempt to trace the processes by which food when eaten becomes thought and action, and even life itself, we are as much mystified as when we think of the elements which form electricity, and then try to give reasons why, by manipulation, we get light, heat and motion. The one fact we do know is, that the least wrong of insulation or contact reduces the power or entirely breaks the current. The same is true with nervous shock, and as the sympathetic nervous system governs all the vital functions, it is here that the result of shock is most plainly seen.

The emotions are partially independent of the will and are in close relation with the sympathetic, and any excitation of the emotions disturbs the coördination of the sympathetic nerves, and disturbs the processes of blood-making. There is a long story that flows with the blood in the veins of men. History, literature, physiology, the microscope, and the advertiser, all delight in telling it. But the vital truths are still a mystery. We count the pulsations and the corpuscles, but nature still holds the secret of vital energy.

Even slight shock may be followed by serious disturbance of nutrition. Shock is the most frequent cause of anæmia. A blow on the head may shock or injure the brain and cause unconsciousness. Fright or sympathy at sight of blood may cause emotional shock with loss of consciousness. The causes are different, the effects are the same. Injuries, surgical shock and hemorrhage are the result of direct physical causes, while emotional shocks are purely psychical in character.

Anger or a blow may cause pallor and surprise will bring a blush. Both are shocks to the vasomotor nerves, which are controlled by the



sympathies. They are temporary in character and without pathological significance. The stability of nerve element possessed by a person has much to do with the resistance to shock. With the nervous and emotional patient, slight wounding or mental disturbances may be followed with shock of much more serious consequence than would follow in a patient of normal resistance.

Shock may be followed by chill, with extreme prostration and even death. Fright or joy are often the cause of sudden death through emotional shock. Hysteria may be said to be a disease of the emotions. Here shock is a prominent symptom. Convulsions and anæmia are also common symptoms. The facts are that convulsions are met with in all diseases that involve the sympathetic nervous system. The after-effects of shock and of convulsion are very similar. Prostration and anæmia are always present. Emotional people are easily shocked, and often suffer from abnormal mental condition. Their motor, sensory and mental nerve centers are easily irritated. Their sensations and the sexual sense are easily disturbed. Mental impressions, both objective and subjective, are very often exaggerated. Slight external troubles may cause extreme emotional excitement. Even the person's own thoughts may cause repeated emotional shock, which may bring on a severe nervous sickness, or keep up and prolong a neurasthenic or hysterical condition for many weeks.

The power of mind over body has been a demonstrated truth for centuries. But as physicians we do not recognize this fact as often as we should. The thoughts of an emotional patient may shock the body and derange physiological functions from day to day, and baffle our efforts at medication and prevent recovery.

Shock may be both primary and secondary. But whatever the cause or wherever found, there is always a nervous wrong of the appetite, of digestion, the blood-making and nutrition, and anæmia is the result.

The early treatment for shock should be mild stimulation, heat to the extremities, rest, and easily-digested food. The central idea should be to restore normal functional activity.

We have pointed out that the sympathetic nervous system will suffer most. A close watch should be kept for any functional wrong of the abdominal or thoracic viscera and of the central nervous system which may suffer from reflex irritation, and treat them with the indicated remedy.

If nervous and mental symptoms develop later on, they are usually secondary, and come on slowly as a result of anæmia of the nerve centers and the brain. The anæmia is general, but here shows its effect in the special symptoms.

To relieve the anæmia should effect a cure, and will in most cases where there is no degeneration. Recovery is usually slow where there is much emotional disturbance; the agitation tends to prolong the trouble and disturb digestion and diminish the self-control. Often the indicated remedy must be assisted by controlling the patient's mind. They must be talked with. They should be visited daily. Such cases do well in an institution or under the care of a competent nurse, where their thoughts and acts are supervised and regulated. With a return of physical vigor the mental energies must be directed into normal channels of thought, so the emotional thoughts and acts may be reclaimed by the will and brought back to proper self-control.

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## **OUR DUTY AND PRIVILEGES AS A SCHOOL OF MEDICINE.**

**By L. S. Downs, M. D., Galveston, Texas.**

Are we, as Eclectics, attaining the high standing our institution deserves, and are we doing our full duty to ourselves and suffering humanity? Either eclecticism has performed its mission and ought to be relegated to the shades of oblivion, or we must, as a reform school of medicine, do something more than we are now doing to establish our rights, and show the world a good reason for our perpetuation.

Are we resting on the laurels won by the founders of our system, while our friends (?) are undermining and appropriating the very foundation upon which we rest? We must wake up and do something, or the last fragment of our once proud structure will be confiscated or disintegrate into common ground.

For twenty years we have not made the progress we should have made. Few new remedies have been introduced and few new uses of old remedies have been carefully proven. We, as a school, have not maintained the same activity since Scudder, Howe and King passed away.

For fifty years we were persecuted, and during that time our men fought valiantly for their rights. The last two decades we have been given our legal rights in nearly every instance, and our men have grown apathetic.

In six States the regulars are taking active steps to abolish the separate-board laws and substitute single-board bills, with a single representative Eclectic and homeopath only. Perhaps some of our men will wake up now and appreciate our needs.

Now, a word as to our general condition as a school of medicine. Are we drifting? I do not deny that we still have good and true men who are pulling a dead load, and hundreds of loyal Eclectics are stand-

ing at their posts ready to work ; but where is the great army of Eclectics to-day ? On the fence, skulking in the rear, or actually in the ranks of our opponents. If not actually in their ranks, they are theoretically and practically, for the average Eclectic to-day is manifesting the grossest indifference to our cause and our principles.

Twenty years ago graduates of Eclectic colleges were so imbued and filled with Eclectic principles that when they went out among the people they just could not keep still ; they had to talk and act so that their very presence instilled into their patrons Eclecticism. These older men are dying off and their places are being filled with ultraconservative and apathetic Eclectics, who for mercenary motives suppress the word "Eclectic," and were it not for their allopathic friends, no one would ever suspect them of being Eclectics. I do not say *all* our young men are of that nature, for there are many who have much of the old spirit in them, due, partially, no doubt, to old preceptors, and to reading Eclectic literature from the fathers. Without any further comment I will try to suggest a remedy.

I am not a pessimist nor a calamitist, but I am talking common sense. Some of the so-called leaders in our school are not so very discriminating, when it is to their personal interest, about choosing their consultants, but call in allopaths when good and loyal Eclectics could be had. I know, also, that the chairs in some of our Eclectic colleges are being filled by "regulars." I also am aware that some of our editors and authors are catering to allopathic patronage and support, and every observing Eclectic knows that many of our new graduates never mention the word "Eclectic," but prefer to be on easy terms with all physicians. The people are losing sight of us as a school. Now, listen. We must rally to the standard and promulgate our principles among the people.

Beach, when he began his fight for reform medicine, and encountered only opposition and condemnation from the profession, said : " My only hope for a reform in medicine is the dissemination of our principles through the masses of the community." Scudder and King, in order to establish the principles of modern Eclecticism, went to the people with their home therapeutics, and the people responded. Scudder for years sent broadcast his pamphlets calling the people's attention to the advantages of Eclectic practice, and the homeopathic school has always freely distributed literature advocating their principles.

If we have a good thing, and we know we have, should we hide it in the narrow environments of our personal influence ? If we can cure pneumonia quicker and better than our old-school friends, and we know we can, is it right and expedient for us to hide the fact from the people ?

If by honest, straightforward argument we can educate the people up to our standards, is it wrong — is it unprofessional — is it unchristian?

It is just as legitimate and proper to tell the people the great advantages to be derived from specific medication as it is to advertise anti-toxin and serum therapy.

We can not hope, by personal influence and the simple practice of Eclecticism, to establish our principles. How could a few soldiers hope to win a fight, though ever so well armed and equipped and fighting for a just cause, if their antagonists outnumbered them a thousand to one? How can we expect to win the confidence of the people by individual endeavor when others are taught to believe that we are incompetent, unprofessional, and not recognized by honorable physicians? How can we hope to win the people when social and political influences are almost wholly against us? Our only hope is through proper literature, giving every home an opportunity to learn of the advantages of Eclectic practice. Of course some will say this is unethical. I say, *damn* ethics. What we want is recognition and a better standing with the people, not the profession.

Let some of our publishing houses get together the facts about our school, which we would like everybody to know, and publish them in small and neat pamphlets for distribution at cost. Let them be modest, but firm and truthful. Facts are what the people want and should have. Some of our patrons and friends know so little about Eclecticism that they can not talk it intelligently, but proper literature will give them an opportunity to do our cause much good. Let us do this for one year in an organized, systematic way, and I venture the assertion that Eclecticism will not only be better known, but will be more highly respected than ever before. If we want to continue as reformers, we must cut the barriers of old creeds and customs and steer direct to the field of action. The problem of more and better organization in our National and State societies also seems to me a vital necessity, but this is too large a field to be taken up in the limits of one article.

In closing, I want my readers to remember that a reform is a warfare, not peace. Let us then suppress pride and selfishness, and work faithfully, persistently and honestly to establish the principles we deem just and right, and the victory will be ours; Eclecticism will be vindicated, appreciated, and better and more firmly established.

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Pulsation in the course of an artery should not lead to the hasty conclusion that one is dealing with an aneurism. A tumor overlying a large vessel, and also a vascular sarcoma of the bone, may simulate an aneurism very closely.

## MISCELLANEOUS.

By J. P. Harbert, M. D., Bellefontaine, O.

ECLECTICISM IN CINCINNATI.—Having recently spent ten days in Cincinnati, we have had abundant opportunity to observe what the college and the Eclectics generally are doing. On every hand was the evidence of work — in itself a healthful sign of existing conditions and an earnest of a successful future — in the college, clinic, lecture halls, laboratories, and at Seton Hospital, and in the various physicians' offices we visited, everywhere was there energy, push, work, business.

The college classes are all well filled, and after an absence of eight years from the college benches one could not help but remark the higher standard of the classes as well as the increased facilities for their care and training.

The laboratory work has been doubled, and meets all the requirements necessary for a complete course of training in these lines.

At Seton Hospital we found the wards full and an inability to take care of all the operative cases that come in on account of lack of room. One college term spent in Seton Hospital during the clinical hours is worth more than the three years which the students formerly got at the City Hospital. During two forenoons we saw, among other cases, an amputation of the leg above the knee in an adult for arterio-sclerosis; a case of traumatic obstruction of Steno's duct; circumcision for the relief of reflex disturbances; one case of appendectomy; two cases of oophorectomy; one case of elephantiasis; one case of rickets, producing genu valgum, with a shortening of one femur, requiring fracture, and several skiagraphs, including the elbow and knee joints. Every hour is filled with work, and while some of the work is advanced and would hardly be attempted by a recent graduate, yet there is an abundance of minor surgery as well.

The college clinic was full at all times, and an immense variety of cases requiring medicinal treatment came under observation here every day, giving the students practical work.

We were glad to meet and be entertained by our old friends and teachers, and also to make the acquaintance of the newer men on the Faculty. They are all busy men in practice, and give no little time to the college in addition to their private work.

PURE-FOOD AND DRUG LAW.—Eclectics are interested in this law on account of the fact that the specific medicines are in no way affected by the same. Every one of the specific medicines has been correctly labeled from the first; they have been honestly marketed; none of them have been sailing under false names. If these things were not true, if the manufacturers of these drugs had been false to their trust, the

Eclectic school of medicine would to-day be in a sorry plight. These medicines would then be things of the past, and the blow would be sufficient to shake the structure of the school to its very foundations.

Happily these things can not occur; verily, honesty is the best policy.

Specific medicines are manufactured by means of a process which has been patented both in this country and in Europe. Even the United States Government, which granted the patent, can not use it, though I am told that permission is being sought by the Government to do so. *En passant*, it would seem that a government which grants a patent should reserve for itself the right to use the same, allowing, of course, a generous remuneration to the patentee.

It would seem that Eclectic medicines are now coming into their own; nothing could have advertised the school or its medicines more than this pure-food and drug law, which, while it has caused consternation and hasty adjustments in the case of inferior preparations, has left the Eclectic specific medicines unscathed.

STANDARD OF SPECIFIC MEDICINES.—The new labels on the specific medicine bottles have called attention to the fact that the proportion of alcohol in any given medicine varies, or may vary, in every batch or lot that is put upon the market. As, for instance, a bottle of specific macrotys on my shelf is labeled "Absolute alcohol 89 per cent."; another bottle of the same drug by its side is labeled "Absolute alcohol 91 per cent." This does not mean that the specific medicines are not always uniform, not always of the same strength or standard. The drug strength is always the same, always uniform, and a drachm of macrotys from one of the above-mentioned bottles contains as much of the drug in question as a drachm from the other.

The crude drugs from which the specific medicines are made vary in strength, and in order to make the finished preparations uniform and comply with a standard strength, more or less alcohol must be added for dilution, as the case may be. For instance, in the manufacture of specific nux vomica the crude drug may be very poor, requiring a low percentage of alcohol — say 60 per cent.; another lot may be very rich, requiring further dilution with alcohol, and a high percentage of alcohol will appear on the label — say 85 per cent. The drug strength of ten drops of either preparation would be the same.

Eclectics have always been taught that the specific medicines were always uniform in strength, and so they are in *drug* strength. We do not prescribe these preparations for the alcohol which they may contain, but for the drug itself, and every Eclectic should know these facts in order that we may intelligently answer the somewhat objurgatory remarks that are sure to be made concerning the varying standard of

specific medicines by those who are envious or unacquainted with the facts.

### CASES IN PRACTICE.

By Z. R. Chamberlain, Elgin, O.

Thinking perhaps some of the brethren would be glad to hear some of the ups and downs of a member of "E. M. I.," Class of 1903, I will note down a few cases in my practice as I have them in my record-book.

Case 1.—Child three years old had whooping-cough three months previous to consulting me. The sequel is: A weak and rapid pulse; hard, barking cough; expectoration is slight and blood-streaked; stomach is sore; tongue is elongated and shows many very red points at tip; appetite is poor and there is consequent emaciation. Prescribed:  $\mathcal{R}$ .—*Sp. lycopus*,  $\mathfrak{z}$  ss; *sp. prunus*,  $\mathfrak{z}$  ss; *sp. rhus tox.*, gtts. v.; glycerine,  $\mathfrak{z}$  s. s.; aq., q. s.  $\mathfrak{z}$  iv. M. Sig.: One teaspoonful every three hours. This prescription completely cured the case in two weeks, while relief followed with the second day's treatment.

Case 2.—Lady aged fifty; chronic rheumatism; joints, especially those of hands and feet, swollen and painful; œdema is marked, particularly in afternoon; heart is tumultuous and intermittent; there is pain in cardiac region and marked distress of breathing on exertion. Prescribed:  $\mathcal{R}$ .—*Sp. apocynum*,  $\mathfrak{z}$  j.; *sp. rhamnus cal.*,  $\mathfrak{z}$  j.; *sp. bryonia*, gtts. xv.; aq., q. s.  $\mathfrak{z}$  iv. M. Sig.: One teaspoonful in plenty of water four times daily. There was some improvement at the end of one week, and at the end of one month patient discontinued treatment, as she was greatly improved.

Case 3.—Lady aged thirty-five has had hay fever for years, and has gone North for relief several years. There are the usual symptoms, as cough, dyspnoea, extreme secretion from eyes and nose, pain in side of face and frontal sinus. Prescribed:  $\mathcal{R}$ .—*Sp. grindelia rob.*,  $\mathfrak{z}$  j.; *sp. sticta pul.*, gtts. xx.; aq., q. s.  $\mathfrak{z}$  iv. M. Sig.: One teaspoonful every three hours. This worked wonders for the case, though I have used the same since with no result.

Case 4.—Male, aged thirty-five; occupation, telegraph operator; has chronic diarrhea of six years' standing; bowels move fifteen to twenty times daily, sometimes shiny and painful, at other times watery and painless. Patient is despondent, and has about given up hope of ever being well again. He has been in two hospitals, and in both was treated by diet and medicines, also has been treated by the various doctors where he has lived, and always with the result that the bowels were checked for a time, only to react and become worse when the treatment



ceased. My first prescription was:  $\mathcal{R}$ .—*Sp. collinsonia*,  $\mathfrak{z}$  j.; *sp. nux v.*, gtts. xv.; *fld. ext. hydrastis*,  $\mathfrak{z}$  j.; *aq.*, q. s.  $\mathfrak{z}$  iv. *M.* *Sig.*: One teaspoonful four times daily. This treatment reduced the bowel action to six or eight times daily and there remained. One day, as he sat in my office, I noticed a peculiar greenish cast about the eyes and nose, and though he was not a plethoric man, I decided to try cheledonium. Now my formula is:  $\mathcal{R}$ .—*Sp. cheledonium*,  $\mathfrak{z}$  j.; *sp. nux v.*, gtts. xv.; *fld. ext. hydrastis*,  $\mathfrak{z}$  j.; *aq.*, q. s.  $\mathfrak{z}$  iv. *M.* *Sig.*: One teaspoonful four times daily. This worked with good results, and at the end of four or six weeks the patient had gained flesh and strength; appetite good; bowels moving two or three times daily, and he discontinued the treatment.

But my experiences have not all been "ups." Here is one:

Case 5.—One day a man came to my office and said: "My baby is sick; bowels running off about every hour; tongue is thick, and I can see the shape of its teeth on the sides of the tongue; tongue is pale and has a slimy, yellowish-white coat on it, and the bowels pass a frothy, yeasty, sour mess." Well, I thought, here is a good sulphite-of-soda case, so I gave a solution of (to me) the indicated remedy in as pleasant a vehicle as I could, and I waited. One day I met the father and said: "How is the baby?" Now, this one question seemed to set off his stock of expletives, and out they came, adjectives, phrases, and whole sentences, and in his argument he said: "Any doctor who would give a three-year-old babe such a ——— mess as that never should be allowed to practice medicine. We went back to our old doctor." Well, I am like the man who hanged himself, "I will never do it again."

I give those cases minute doses of calomel, or calomel and soda bicarb., and get all of the results that I expected of the sulphite of soda, though I still use the sulphite in some cases in capsules. I, however, use other indicated measures with the calomel, etc.

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### SEVERE SKULL FRACTURE.

By C. L. Hudson, M. D., Gladewater, Texas.

On December 1, 1906, Will Jones, aged twenty-eight, a sawmill man of rather vigorous strength and vitality, was struck on the head with a club, and a V-shaped wound was inflicted just at the margin of the hair in the right frontal region. Upon examination I found him unconscious, pupils dilated, pulse slow and weak, respiration slow and shallow, vomiting blood, hemorrhages from the nose and right ear, and a very greatly depressed area of skull under the V-shaped gash. He was car-



ried five miles in a wagon to my office, where Dr. Walker (an E. M. I. graduate) and I began preparations for an operation. After shaving and disinfecting the scalp, we converted the V-shaped gash into a Y-shaped incision and peeled back the scalp. Now we discovered that we had a depressed skull and a compound fracture of same to deal with. Making the incision larger so as to show up the field of operation better, we found the bones shattered and sticking into the brain over a space three inches square. The fracture extended into the zygomatic fossa on the right, into the glabella in front, to the eye on the left, and midway into the parietal bones behind, crossing the sagittal sinus in the median line. We removed the shattered bones and elevated the others as best we could, and then staunched the bleeding, after which we left in plenty of gauze for drainage, and closed up the wound with interrupted sutures, leaving sufficient opening in the most dependent part to allow free drainage. The wound was dressed every day, and our patient gradually gained consciousness. Everything went well for about a week, when a fungous mass began to project from the skull opening. We now began to pack the wound with a mixture of equal parts of boric acid and alum. In about ten days we pinched off this fungous mass, but it was soon as large as before (about three inches in all directions). We continued to use the same measures, with the exception that on alternate days a mixture of one part of balsam of peru to nineteen of castor oil was used, to help stimulate more healthy granulations. Internally we gave such antiseptics as echinacea, baptisia, sulphurous acid, sodium sulphite, etc., as indicated. The temperature ranged from normal to 102° F. up till about the beginning of the fourth week, when the fungus began to cicatrize. Then, instead of a protruding mass, there was a retraction of the brain tissues, and a cavity two inches deep and three inches square left in its place. Now things began to look unfavorable. The fever ran higher, his mind began to wander, and all the symptoms took on a different aspect. Cleanse as I would, give more antiseptics, look for abscesses and search all my books for information, I saw my once-promising patient now rapidly slipping from me and my treatment of no avail. He lived thirty days with one-third of his brain exposed to the external world. Nature proved herself a great doctor in this case, but was unable to effect a cure. What surprises me most is, that a person with such an injury could live so long a time; and it seemed for a time that he would recover, in spite of the fact that he had lost such a great amount of blood, brain and bone.

## THE NECESSITY FOR ORGANIZATION.

By W. K. Mock, M. D., Cleveland, O.

The following is an extract from the constitution of the Regular Society in this State :

"The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Ohio, and to unite with similar Associations in other States to form the American Medical Association ; with a view to the extension of medical knowledge, and to the advancement of medical science ; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws ; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of state medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life."

This looks innocent enough and might apply with equal force to any medical society anywhere, but when one glances through the pages of the Journal of the American Medical Association and the Ohio State Medical Journal and other similar organs, and notices the great care taken to perfect a close corporation among Regulars, and when one sees that an active committee on Medical Legislation is being formed with one member in each of the eighty-eight counties in this State, it certainly looks as if there must be "something doing."

We have a good medical law now and a first-class Board. What can be the necessity for all these efforts? As President of the Ohio State Eclectic Medical Association, I intend organizing our men under ten district leaders. The following map will show the districts by counties:



The FIRST district will embrace the following counties; Adams, Brown, Butler, Clermont, Clinton, Fayette, Hamilton, Highland, and Warren. In this district I shall appoint Dr. J. K. Scudder, Cincinnati, Hamilton county, as Chairman.

The SECOND district will embrace Champaign, Clarke, Darke, Green, Mercer, Miami, Montgomery, Preble, and Shelby. In this district I shall appoint Dr. A. S. Amidon, Mechanicsburg, Champaign county.

The THIRD district will embrace Allen, Auglaize, Hancock, Hardin, Logan, Marion, Seneca, Van Wert, and Wyandot. In this district I shall appoint Dr. W. N. Mundy, Forest, Hardin county.

The FOURTH district will embrace Defiance, Fulton, Henry, Lucas, Ottawa, Paulding, Putnam, Sandusky, Williams, and Wood. I shall appoint Dr. Edwin Scott, Toledo, Lucas county.

The FIFTH district will embrace Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Medina, and Trumbull. I shall appoint Dr. J. D. Dodge, Collinwood, Cuyahoga county.

The SIXTH district will embrace Ashland, Holmes, Mahoning Portage, Richland, Stark, Summit, and Wayne. I shall appoint Dr. S. Shiller, Youngstown, Mahoning county.

The SEVENTH district will embrace Belmont, Carroll, Columbiana, Coshocton, Harrison, Jefferson, Morrow, and Tuscarawas. I shall appoint Dr. E. A. Wolf, Dennison, Tuscarawas county.

The EIGHTH district will embrace Athens, Guernsey, Licking, Morgan, Muskingum, Noble, Perry, and Washington. I shall appoint Dr. E. Sloan, Marietta, Washington county.

The NINTH district will embrace Gallia, Jackson, Lawrence, Meigs, Pike, Scioto, and Vinton. I shall appoint Dr. T. E. Griffiths, Jackson, Jackson county.

The TENTH district will embrace Crawford, Delaware, Fairfield, Franklin, Knox, Madison, Morrow, Ross, Union, and Pickaway. I shall appoint Dr. Fred. O. Williams, Columbus, Franklin county-

My action is taken in accordance with a standing resolution of our Society.

There are over eight hundred registered Eclectic physicians in this State, and only two hundred and fifty members of our State Society. **We must and will increase this number to five hundred**, but it can only be done by active, energetic work.

I shall place in the hands of these ten leaders, at an early date, a list of every Eclectic in their districts, and I shall expect them to make a personal or letter canvass in a strong endeavor to increase our membership at the May meeting in Cleveland.

If it is considered advisable I shall try to meet with these ten men at a special meeting in April, and if not I shall expect them to meet at Cleveland, and furnish a good report of their stewardship.

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### CYPERUS ARTICULATUS.

By F. P. Davis, M. D., Agra, Okla.

This I consider to be one of the most generally useful remedies we possess, and one that has been sadly neglected by the profession. It is one of the very few remedies that may be considered a true specific in

its sphere of action. The literature on this remedy I find to be very meager.

It is commonly known as anti-emetic root, and a fluid extract is made by Parke, Davis & Co. under the name of adroe, this being, as far as I know, the only preparation on the market.

It is one of the rushes found in the tropics, and in Jamaica it is used by the natives in the form of a decoction of the root to check vomiting, especially in children. Dr. Howell, of Jamaica, claimed it to be as much a specific in restraining the vomiting in yellow fever as Peruvian bark is a cure for remittants. Cowan combined it with ingluvin with good results, while Kitchen found it "far exceeded expectations" in whooping-cough. I have found it a very useful remedy in atonic dyspepsia, for which I usually add a little brandy, which seems to add to its effectiveness. I have used it for over two years in all cases of nausea and vomiting, especially in the vomiting of pregnancy and bilious fever, and have never known it to fail to give prompt relief. In one case of vomiting of pregnancy, that of a primapara, where a great many remedies had been tried by the attending physician without relief, and I was consulted with the request to assist the attending physician in emptying the uterus, I suggested a trial of adroe, and there was marked improvement from the first dose, and in three days the distressing symptoms had entirely abated.

According to Parke, Davis & Co., it is a carminative, of value in checking emesis, whether of pregnancy or indigestion, and is useful in atonic dyspepsia, and the dose of the fluid extract is given as thirty minims. The following specific indications have been verified in my practice: Vomiting of pregnancy and in fevers, nausea or vomiting when the tongue is wide and coated, atonic dyspepsia and indigestion, regurgitation and "sour" stomach. I would advise that it be given a trial by our physicians.

## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By Harvey Wickes Felter, M. D., Cincinnati.

[ Continued from page 144. ]

Success now attended the efforts of the friends of medical reform. In March, 1845, the *Western Medical Reformer* (p. 154) came out with the caption, in bold display type, ECLECTIC MEDICAL INSTITUTE, announcing the legislative enactment of a bill "erecting the REFORMED Medical School into a College with the above title." This manifesto declares "Our college will be strictly what its name indicates — *Eclectic* — excluding all such medicines and such remedies as, 'under the ordinary circumstances of their judicious use, are liable to produce evil consequences or endanger the future health of the patient.' "

Upon obtaining the charter, a Board of Trustees was at once formed, as follows: Hon. Henry Morse, President; Hon. Joseph Howard, Vice-President; James Goodin, Treasurer; J. V. Loomis, Secretary. In May, Dr. I. Wilson became Secretary, and Mr. Loomis' name does not appear. The other Trustees were: Thomas C. Newton, John Waggoner, J. L. Conkling, B. L. Hill, M.D., R. A. Madison, Esq., Garret Vanausdal, Calvin Fletcher, Dr. I. J. Avery, and Dr. J. White. The next step was the organization of a full Faculty, as follows: On Anatomy, B. L. Hill, M.D.; on Physiology, Pathology, Theory and Practice of Medicine, T. V. Morrow, M.D., Dean; on Surgery and Medical Jurisprudence, H. Cox, M.D.; on Materia Medica, Therapeutics and Botany, L. E. Jones, M.D.; on Chemistry and Pharmacy, James H. Oliver, M.D.; on Obstetrics and Diseases of Women and Children, A. H. Baldrige, M.D.; Lectures on Clinical Medicine and Surgery, by Drs. Morrow and Cox.

A session was immediately begun, and continued until July 1, 1845. From five to seven lectures were given daily. The gentlemen who composed the Faculty had been connected with the Reformed Medical School of Cincinnati. Dr. Morrow acted as Dean and Treasurer, and Dr. Hill as Secretary of the new institution.

The charter of the college making it obligatory that the corporation should "possess property in its own right to the fair value of ten thousand dollars" before diplomas could be granted, made it necessary for the friends of the college and the Board of Trustees to devise ways and means to satisfy the demands of the enactment. The Faculty, acting as the Finance Committee of the Board of Trustees, purchased the lot, 90 x 46½ feet, on the northwest corner of Court and Plum Streets. The corporation having no funds for the erection of an edifice, liberal advances were made by Professors L. E. Jones, Morrow, Baldrige, and Hill — Professor Jones being especially liberal and deserving of the thanks of the Eclectic profession. The building was begun and rapidly completed. It was first occupied November 7, 1846, by the Faculty and Class of 1847, the lectures of 1845-6 having been delivered in the old Fourth Street Hall, upon which Hart's Block has since been built.

The new college was now fairly launched, and drew large classes to its halls. On August 2, 1845, Dr. Wooster Beach was unanimously elected, by the Board of Trustees, to the chair of Clinical Medicine and Surgery. Arriving from New York City, Dr. Beach gave his first lecture to the class December 29, 1845. Concessions were gradually obtained by the college, and the October Announcement for 1845 printed the following notice: "In order to afford the students of the Eclectic Medical Institute an opportunity of attending the Commercial Hospital

in this city, the Faculty of the ECLECTIC MEDICAL INSTITUTE, of Cincinnati, hereby give notice that they 'agree to educate, free of expense, one student from each judicial district in the State, to be designated in the same manner as they are for the "Medical College of Ohio." ' '—T. V. Morrow, M.D., Dean of the Faculty.

The first *Annual Catalogue* (1845-6) announces that "students will be exercised in clinical examination and prescription. This is a very important feature of our plan of education, and is peculiar to the Institute." "Also the theory and practice of Homeopathy, and also Hydro-pathy, will not only be discussed by the professors of the Theory and Practice and of the Institutes, but will be specially illustrated by a brief course of lectures from gentlemen well acquainted with those methods of practice."

Realizing the necessity of practical instruction, a "clinique" was established January 1, 1846, the prospective services of Dr. Wooster Beach being especially heralded. These clinics were held on Saturdays, from 1 to 4 *p. m.* Ministers of the gospel, as well as theological students, were admitted to attend the lectures upon payment of the matriculation fee only. The text-books were those of the regular school, the only book of the reformed practice then in use being Dr. Beach's *American Practice*. The lectures on practice, however, were carefully presented along the lines of medical reform.

On March 25, 1846, a gentleman who had become distinguished as a public lecturer on phrenology, anthropology, and kindred topics, was added to the Faculty. This appointment of Dr. Joseph Rodes Buchanan, of Louisville, Ky., was thought by the friends of the Institute to be a great stroke of policy, for the doctor was a fluent speaker and ready with the pen. Though having but little medical knowledge, he clearly saw the errors of the dominant school, and was a keen and ready antagonist to that body at all times. Defenders of the new cause were needed, and Dr. Buchanan nobly stood to his post. For ten years he remained a powerful factor in the affairs of the Institute. On the other hand, as years passed the well-meant but visionary schemes of Dr. Buchanan well nigh wrecked the Institute, and he was obliged to retire. While a brilliant scholar and the author of peculiar views in cerebral physiology, which he took occasion to place before the public as often as possible, he was visionary and impractical; and, by the tenacity of purpose he displayed, gradually drew the enmity of some of the Faculty and friends of the Institute. His novel views and his readiness as an instructor made him a favorite with the classes; but such men as Morrow, who at first indorsed him, were finally led to believe that he was an obstacle to the advancement of the school and Eclecticism. Dr. Buchanan filled

the chair of Physiology, Institutes of Medicine and Medical Jurisprudence, Professor Morrow now taking Pathology and Theory and Practice of Medicine. The first teacher to resign from the Faculty was Dr. Cox. Dr. Beach succeeded to the surgical duties of Dr. Cox, while Professor Buchanan assumed Medical Jurisprudence.

The new and commodious college building was now completed and in readiness for the fall session. On November 7, 1846, Professor T. V. Morrow delivered the introductory and congratulatory address, and welcomed the students to the halls of the new edifice. Among other things he said: "Before I conclude, young gentlemen of the Institute, permit me, in the name of the Board of Trustees and Faculty, to welcome you to these halls, already dedicated to the purpose of medical instruction, to the encouragement of liberal and extended research in the various matters pertaining to the profession of your choice. No

#### ECLECTIC MEDICAL INSTITUTE IN 1846.

arbitrary restraints of thought and actions will be imposed on you here to paralyze your future efforts for its improvement. We ask you to carefully scrutinize its doctrines, and reject them whenever they do not commend themselves to your minds as reasonable and true. Go forward in the prosecution of the study of your profession with just conceptions of its elevated character and high responsibilities, and endeavor faithfully to fulfill the great purposes and ends of your creation, constantly bearing in mind the important fact that there is a Superintending Power that guides and controls the destinies of man constantly watching over your movements here." The new edifice was capable of seating four hundred students. Up to this time about two hundred students had attended since the granting of the charter. The *Annual Report* for 1847 shows eighty-one students in the winter session, forty-six in the spring session, and thirty-one graduates.



**Seton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE NO. 108.—Mrs. S., 45, married, mother of four children, the youngest four months of age, was referred to the clinic by Dr. H. J. Jenkins, of Rushmore, O., on account of an enormously large right breast of more than a year standing.

HISTORY.—Patient noticed a sore around the nipple, which gradually destroyed it within twelve months, and the ulceration extended downward into the center of the mamma.

EXAMINATION.—You will notice on examination that the whole mamma is involved by an inflammatory exudate and infiltration into the tissues extending beyond the outlines of the breast proper. We also find glands greatly enlarged in the axilla and extending upward under the clavicle.

OPERATION.—The patient has come to the clinic for surgical relief, and inasmuch as the usefulness of the breast has been forever destroyed and the surrounding parts infiltrated, we shall need a thorough extirpation of all diseased tissue with all glandular enlargements included, even up into the cervical region. I will say to you before the operation that this lesion is not carcinoma or sarcoma, but in my judgment tuberculosis. Let us notice carefully, as the dissection advances, the nature of the dissected tissues.

The inflammatory condition of the whole right thoracic region gives warning that we shall have a severe hemorrhage. To meet this emergency, I shall now show you a new method, heretofore undescribed by any one, and if it serves its purpose properly will be of great value in breast amputations, where you wish to make it practically bloodless and increase the speed of the operation. We shall now twist this double tenacula screw tractor down into the body of the breast, and, by traction, we put all blood vessels on the stretch and out of commission. We are now ready for the amputation. The incision commences on the arm and extends along the outer border of the pectoralis-major muscles to the outer superior border of zone of the breast, then an elliptical incision across the breast and well below the lower part of breast give the outlines of the dissection. The skin is dissected speedily from over the breast, and as the traction on the breast continues it gives the exact outlines of the whole breast.

Just at this time the lower quadrant of breast is pulled up off the thoracic walls, and the fascia underlying the breast is dissected with the breast; now, with a few hemostats applied to bleeding points, the excision of this enormous mass has been made in less than ten minutes.



Speed is a factor for success in breast amputation, more than any other part of the body. I must say that this "*new method of traction is great.*" Do not neglect to employ it.

This tissue has the grayish and yellowish appearance of highly infiltrated tubercular tissue. All the axillary glands enlarged.

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## Eye, Ear, Nose and Throat.

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CONDUCTED BY KENT O. FOLTZ, M. D.

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### NOTES ON THE EYE.

**HEMORRHAGE INTO THE CORNEA.**—This is infrequently seen, but may follow any traumatism near the corneal margin. There is an effusion of blood between Descemet's membrane and the substantia propria, which gradually extends until most of the iris is obscured. In two or three weeks the blood is absorbed, but some pigment remaining, a stippled appearance of the cornea remains, which will usually diminish the acuity of vision.

**Diagnosis.**—This must be made by oblique illumination and the exclusion of hemorrhage into the aqueous.

**Treatment.**—Such measures as will promote rapid absorption of the blood. Rest in bed, light diet, and the internal administration of jaborandi will favor absorption and diminish the amount of pigment remaining.

**RUPTURE OF SCHLEMAN'S CANAL.**—This frequently follows contusion of the limbus, or incomplete rupture of the sclera. Blood passing from the canal coagulates at the periphery of the anterior chamber.

**Diagnosis.**—The patient complains of a red haze before the eye and a sensation of pressure. Examination shows a diffuse corneal opacity and opaque lines diverging from the corneal margin.

**Prognosis.**—If the injury is confined to the rupture of the canal wall, it is favorable, otherwise not.

**Treatment.**—In cases where the injury is not extensive and vision is fairly good, the attempt should be made to save the eye. Rest in bed, the use of atropine in the eye, and the administration of jaborandi and bryonia will sometimes give good results. When the scleral coat is ruptured, but the escape of vitreous is not extensive, and some vision remains, the eye should be thoroughly cleansed, the protruding vitreous, choroid or iris excised, and the edges of the sclera approximated with catgut. The after-treatment will be the same as in less severe injuries. Should infection follow, an enucleation will probably be necessary.

Intra-ocular tension may result from the closure of the wound, resulting in secondary glaucoma or staphyloma, or atrophy of the globe, with tenderness on pressure, and later sympathetic ophthalmitis may result.

**ANTEVERSION OF THE IRIS.**—This condition is where the iris is turned so the posterior surface is in front, and occasionally follows iridodialysis. The treatment consists of rest in bed and the use of atropine sulphate.

**INVERSION OF THE IRIS.**—This unusual condition results from a traumatism, the iris being turned backward and folded upon the ciliary body. It may be complete or partial, and often there is dislocation of the lens, with hemorrhage into the aqueous and vitreous chambers. If the inversion is complete no iris can be seen.

*Treatment.*—As near absolute rest as possible, and the employment of a mydriatic. Internally the indicated remedy, and such drugs as will promote absorption of the blood. After the eye symptoms have disappeared, the vision should be improved as much as possible by properly fitted glasses.

**TRAUMATIC IRIDEREMIA.**—Dr. Beck reports two cases of this unusual condition. It resulted from blows in each case, which ruptured the cornea, the iris being forced out, but without injury to the lens or other structures of the eye.

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### UNUSUAL CASE OF NASAL HEMORRHAGE.

In January, 1906, Miss A., age eighteen, consulted me for difficult nasal respiration. The patient was a tall blonde, of nervous temperament, and although she had had no serious illnesses in her life, she could not be called robust. She complained of backaches, headaches, and, above all, of a feeling of fatigue on slight exertion. Family history fairly good. No hemorrhagic diathesis discoverable. Her parents thought her health would be improved if she could breathe normally at night, and I concurred in this opinion.

Examination of the nose showed hypertrophy of both inferior turbinates, particularly along the floor, with mulberry-like projections of the posterior portion into the nasopharynx, the hypertrophy being more marked on the left side. The affected tissues looked somewhat anemic, as though pressure atrophy might have begun. I could find no reason definitely contra-indicating operation, and so the turbinate of the left side was anesthetized and a strip of tissue removed, extending into the nasopharynx and including a little of the turbinated bone. The local anesthetic used was a mixture freshly made of cocain, eucain and adrephrin, with the merits of which you are all familiar. There was prac-

tically no hemorrhage at the time of the operation, and no unusual conditions were met which interfered with its quick completion. The nose was packed loosely with gauze, and the patient sent to a near-by private hospital for rest and care. Forty-eight hours after the operation the dressing was removed; no unusual bleeding occurred at this time. The patient remained in the hospital two days more, went to her home in an adjoining city on the third day following the removal of the dressing, and came into my private office on the fourth day for an examination. At this time she had nearly recovered from the slight shock attendant upon the operation, and the appearance of the nose indicated that the usual prompt healing process was well under way. Miss A. was desirous of returning to a boarding-school some two hundred miles away in another State the following week, and I could offer no valid objection to this plan.

On the night of her arrival I received a telephone from the local physician, who stated that no sooner had she reached the boarding-school than a severe hemorrhage occurred, and although he had used all the means at his command to control it, he had been so far unable to do so. I made some suggestions over the telephone, which I found afterward could not be carried out; telephoned the facts to her father, and with him started at once for the place from which the message had been received.

We left Boston at midnight and reached our destination at 9:40 the next morning. The bleeding had voluntarily ceased not long after the physician had telephoned, and both nostrils were firmly packed with clotted blood. This I removed, introduced a gauze dressing into the side of the nose from which the hemorrhage had arisen, fixed up a stretcher from a cot bed, and brought her home without much difficulty and without any recurrence of the hemorrhage.

She was taken back to the hospital, and twenty-four hours afterward the dressing was removed. There was no bleeding until twenty-four hours later, when a profuse hemorrhage occurred, and I was obliged to put in a postnasal packing together with the anterior one. During that night, in spite of the packing, slight recurrent hemorrhages took place, but the dressing was not disturbed. The next day there was no bleeding, and the patient passed a comfortable night. On the following day the packing was again removed and a lighter one put in to take its place.

That I may not weary you I will only say that between January 21st and January 30th profuse hemorrhages occurred, averaging every other day, and then ceased. There were seven distinct, profuse hemorrhages in all. The patient, of course, was extremely weak from the loss of

blood, and suffered from secondary anemia with mild leucocytosis, but made a good recovery. .

I attempted all sorts of methods of treatment for controlling the hemorrhage other than packing, but was unable to locate exactly the bleeding point, although I knew it came from near the posterior portion of the inferior turbinated body. Adrenalin was used as a spray, the apparently indicated remedy was constantly being given internally, ice packs to the nose and back of the neck were tried, but nothing seemed of avail except the firm posterior pack fortified by the anterior one.

With the assistance of Drs. N. H. Houghton, Conrad Smith and E. R. Johnson, she was constantly watched during the last part of the recurrent bleeding night and day. Everything was done to diminish blood pressure, such as the administration of non-stimulating foods, absolute rest in bed, etc. Among the methods attempted other than those mentioned were the application of the cautery, both actual and by means of a bead of chromic acid. These, of course, were used with great caution, and as near as possible to the bleeding point. I am unable to state whether these applications were beneficial or not.

I have searched literature in vain for a report of a similar case in a person not a hemaphiliac, but have not succeeded.—*Hom. Eye, Ear and Throat Journal*.

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### Periscope.

#### THE PHYSICIAN'S RESPONSIBILITY.

Too much emphasis can not be laid upon the fact that the great majority of deaths from tuberculosis are due to physicians as individuals. At first this statement may seem to be untrue, and attention is called to the splendidly-organized fight being waged by anti-tuberculosis societies against this disease, which is responsible for about 10 per cent. of all deaths in this country. But a careful consideration of the facts will impress upon us the fact that the majority of cases which die, die because we failed to diagnose early the disease. Ambler, in the *Colorado Medical Journal*, says that "Not one case in five hundred fails to consult a physician on account of some symptom or other long before the disease is far advanced." It is right here that we fail in our largest duty to the individual and to society, for every case of tuberculosis allowed to reach the infective stage is a menace to numberless individuals. It is the general practitioner on whom this heavy responsibility rests. Were he either more intelligent or more thorough, he would make an early diagnosis and thus save many from this disease.

To-day there is no excuse for any physician pleading ignorance.

There are scores of books and journals at his elbow, as it were, which frequently and repeatedly emphasize the importance of recognizing the pre-tuberculous stage. The presumptive and positive signs and symptoms of tuberculosis should be fixed in the mind of every one who assumes the obligation of our profession. What may we include among the presumptive signs? First, any history of family tuberculosis, especially where other members of the family have been or are afflicted with the disease. We know that it endangers the health and lives of the whole family if one member living at home be afflicted, and especially when that one is careless or ignorant as to the proper precautions to be observed regarding expectoration and coughing. Under such conditions it has been proved beyond doubt that the house itself becomes infected and a menace to that family and to subsequent dwellers in that home.

Second, the personal history should receive careful consideration. A history of pneumonia or pleurisy should always lead to the careful exclusion of tuberculosis. Tyson, in his "Practice of Medicine," quotes Cabot as follows: "Fifteen per cent. of the cases (pleurisy) have sooner or later developed demonstrable tuberculosis of lung or bone, but in only three per cent, has this tuberculosis manifested itself within two years of the date of pleural effusion." "Nevertheless, a very rapid form of tuberculosis may develop many years after the pleurisy — nine and sixteen years, respectively, in two cases of this series — so that the patient is never safe from the possibility of death from tuberculosis merely because his pleurisy lies ten or fifteen years behind him." Then there is the patient himself. Is he underweight, and has he been losing rapidly, or is he one of those who are persistently underweight? A rapid loss in weight, or a persistent underweight, not otherwise explainable, should make us suspicious of tuberculosis. Anorexia, nervous depression, irritability, poor circulation as manifested by congestions and cold extremities, anemia and malaise and weakness, are all suggestive of a pre-tuberculous condition.

A little later we may elicit a history of cough, at first dry and hacking, becoming moist as the disease progresses. The persistent elevation of the afternoon temperature to 99 or above, with a subnormal temperature in the morning, with an increased pulse rate, are probable signs. The physical findings of diminished chest mobility, areas of decreased vesicular murmur, with increased vocal resonance and whispered fremitus, and possibly a few moist rales, should lead to a frank talk with the patient as to the proper personal hygiene and protection of those with whom he may be associated. Nor should we fail in every case to examine, or have examined, the sputum, if any is raised.

The day is not yet past when patients presenting all or part of the symptoms above mentioned are told that they are "run down," and are given a tonic and sent away, to return later with the positive signs of the disease so manifest that a layman could make a diagnosis.

What excuse is there to-day for these cases reaching the stage of cavity with great destruction of tissue, and dying a lingering death? In the majority of cases, none, but that "I did not think it amounted to anything." Let us wake up to our responsibility and study and work to become efficient that no one may leave our hands to drift rapidly into the incurable stage of tuberculosis.—*The Clinique*.

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### **CONTRACT PRACTICE, THE LODGE DOCTOR, AND SIMILAR PROBLEMS.**

There is rarely a month in which these matters are not discussed editorially, or in some other way, in at least one of our exchanges. Generally speaking, contract practice is regarded with disfavor, and the ethical standing of the contract physician is, at least, a questionable one. Nevertheless, it seems to us that it is rather the individual circumstances attending such practice than the general scheme which is at fault. Contract practice by a regularly-commissioned medical officer of the Government, or even by an appointee of a city, town, or county, with the object of looking after applicants for public charity, is not usually frowned upon. Yet the principle is essentially the same as for lodge practice.

It seems to us a matter of sound economics for any corporation, employing large numbers of men requiring medical examination as to their fitness for work, or liable to incur serious injury, to employ a medical attendant at a fixed salary. So, too, a fraternal and benevolent association of poor men, or of poor men and women, may very reasonably insure against the expense of sickness, childbirth, and injury, as well as include in their general expenses any other form of insurance.

The essential point on which the ethical nature of the contract depends is the adequacy of the compensation. In all such considerations it should be borne in mind that the general equity of securing wholesale rates is not to be questioned, although, obviously, the rate should not be fixed so low as, on the one hand, to compete at an unjust level with ordinary professional fees, nor, on the other hand, to imply the employment of an incompetent physician. It must also be remembered that, in general, the class of persons for whom any kind of contract practice is instituted is unable to pay more than the minimum fee, and not even this if the attendance is prolonged or of an unusual nature.

The general advantage of "old-line" as compared with social insur-



ance companies occurs to us as a possible basis of sick and accident insurance. Indeed, such a company has been organized in Canada, but its workings, at least as introduced into the United States, were not satisfactory. Aside from the salaries of government, including local health officers and practitioners, insurance fees, etc., the average professional income for the whole country is commonly estimated at about \$1,000, or an aggregate of not over \$125,000,000. A per capita tax of \$2 a year would be within the reach of all except the very poorest, and could be paid for them by the appropriate government. Even at this low rate the medical profession would be better paid than at present. Unless the statistics of medical incomes are incorrect, and as such a tax would scarcely apply to consultations, services of specialists, and the fees of the well-to-do class, the medical profession would really be much better recompensed than at present. Of course it would not be feasible to institute such a plan under our present governmental conditions.

Some such plan as the following, however, seems to us to be well worth the serious consideration of the medical profession and business men: Organize an insurance company to provide for ordinary general practice attendance, exclusive of major surgery and well-recognized special services and consultations, at a rate of say \$5 per capita, insisting upon a preliminary examination or investigation to exclude those already actually sick. Provide for a nominal office and visiting fee, inadequate in itself, but sufficient to guard against unnecessary calls simply for the sake of getting some immediate return for the premium. Either apportion the families and individuals in units of, say, five hundred or one thousand for each physician, or else provide a corresponding number of general practitioners in each locality and pay each one according to the services actually rendered by him.

Such an arrangement would appeal to the average self-respecting poor man; the expense would be within his means, and would represent, considering the risk of needing prolonged attendance and the ability to obtain all necessary attendance, a genuine economy to him, and would still result in a greater average professional income, while it would not seriously interfere with the rights of medical men who preferred the uncertainties of private practice, at more liberal fees, either in specialties or in consultation practice and general practice composed mainly of wealthy families.

While such a scheme, like any other plan of insurance, might be grossly mismanaged, we can see no reason why such mismanagement would be essential. It would also, in a very practical manner, strike at the root of the present evils of contract practice. It seems plain to us

that the existence of contract practice, of which physicians make the complaint that it is unfair and inadequately paid, depends essentially upon an oversupply of physicians. It has been well demonstrated by actual experience that this economic factor can not be satisfactorily remedied by legislation demanding a higher standard of requirements. So long as the practice of medicine is open to any one complying with the requirements, and at any location, and so long as financial success in medicine depends upon the personal magnetism necessary to draw a sufficient following, every aspirant imagines that his own case is exceptional and that he himself will succeed. If it were plain that the places were actually filled, so far as the great mass of the population was concerned, and in regard to general practice, which is the immediate opportunity of the vast majority of aspirants, we doubt very much whether there would be the present tendency to crowd into an overfull profession without regard to obvious economic conditions.—*Medical Age*.

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### BRAIN WORK AND LONGEVITY.

Some time ago, in a London court case, in which softening of the brain was alleged to have been the result of a railway accident, the fact that mental activity is decidedly conducive to longevity was dwelt upon by several noted alienists. To keep the brain in good condition one should use it constantly to the safe limit of its capacity; just as constant use of the muscles and other tissues of the body is essential to physical well-being. A sound physiological principle is here enunciated. In the case above referred to, attention was called to the fact that in the English rural districts probably one-third of the agricultural laborers who survive the age of thirty or thirty-five die of paresis. "The utter stagnation of agricultural communities in England, and to some extent in other countries," states the *New York Times*, "may account in some measure for the development of paresis in those past middle life and for insanity among women." It is fortunate that in American rural districts, at least, the deadly inactivity to which many of the farmer folk in other generations have succumbed, seems now to have become obviated by the welcome establishment in every nook and corner of the land of the library, the ten-cent magazine, the telephone, and the trolley car. The brain needs blood to keep it in health; and thinking induces the free circulation of blood through the brain tissues. A normal brain should never be permitted to rest except during sleep. Dr. Duke advises that every one should have a hobby, to which he should devote what would otherwise be his leisure. And this not in a casual and dilettante way, but earnestly and with much interest. Professional men should



study whist or chess problems, or should cultivate purely intellectual pursuits. Besides, one who consumes surplus tissue in intense mental application has none to waste in the formation of bad habits or the gratification of vices.

In one respect at least the man of intellectual capacity and pursuits is much better off than his brother who works with his hands. In the world of manual labor the pitiful dictum seems well established that at forty the laborer is "a dead one"; he must not hope for employment or a wage after that period. The intellectual man, however (despite the expression of a famous colleague), maintains the vigor of his mind unabated almost until he is ready to step into his grave; and if by this means he gains his livelihood, then need he not fear the lack of employment of emoluments, even though his years be far advanced.—*Medical Times*.

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#### PERILS OF THE AROMATIC ELIXIR.

The simple elixir, or aromatic elixir, as it is now denominated in the Pharmacopœia, is a preparation that probably most of our brethren look upon as an innocent vehicle with some approach to palatability, and it is one that many of them must prescribe freely under the influence of that impression. But let us consider. Our readers ought to know that we have no particular sympathy with the extreme tenets of the Woman's Christian Temperance Union. Nevertheless, we dislike to contemplate the probability that physicians often prescribe unwittingly a considerable amount of alcohol when they order the aromatic elixir of the Pharmacopœia, and to reflect that it is particularly for children that the elixir is prescribed. A pharmaceutical friend reminds us that the elixir contains almost as large a percentage of alcohol as is to be found in brandy or whisky. Inasmuch as the elixir is largely ordered as a vehicle for a sedative, it is easy to perceive that its own action, by virtue of the alcohol contained in it, may readily overcome that of the sedative, and prove positively injurious on that account.

But that is not all. At the recent annual meeting of the Pennsylvania Pharmaceutical Association, Mr. E. G. Heffner, of Lock Haven, read a paper in which he pointed out another danger incident to the indiscriminate prescribing of the elixir as a vehicle for the bromides, in which character, we can not doubt, it is often ordered, and very frequently in mixtures containing chloral hydrate. Mixtures of a bromide and chloral hydrate, says Mr. Heffner, are prone to undergo decomposition in the presence of an alcoholic preparation, the result being the formation of the dangerous body known as chloral alcoholate. This is a liquid of such a specific gravity that it floats on the top of the mix-

ture, and unless a "shake" label is placed on the bottle, the patient may get the whole of the chloral in the first dose or two. It is best to order chloral to be dissolved in a simple aromatic water, in syrup of orange with orange-flower water, or in aqueous solution to be diluted with milk.—*New York Medical Journal*.

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#### POTASSIUM PERMANGANATE FOR BITES OF SERPENTS.

Muir Evans recommends a simple and expeditious method of treating serpent bites and the stings of poisonous fishes. He opens the wound freely and applies crystals of potassium permanganate to the surface. In the *New England Medical Journal* for August, 1906, there is a communication from C. W. R. Crum, of Jefferson, Md., who extols the permanganate treatment for bites of copperhead snakes. He claims better results from the following method than from any other treatment he had hitherto employed. He freezes the area around the bite with ethyl chloride spray, then incises the integument, usually making two parallel incisions of almost an inch in length through the two little wounds made by the fangs of the serpent. The wound is then mopped with a strong permanganate solution for a few minutes, and a compress wet with the same solution is laid over the wound. The edges are lifted up every half hour or hour and fresh solution poured over the surface. The incisions, which are trifling, usually heal in a day. He remarked that an incision in an area poisoned with snake-bite appears to heal with extraordinary rapidity, even in the absence of any effort at asepsis.

This method has been employed successfully by Crum in eight cases. He is inclined to attribute some virtue to the freezing by ethyl chloride over and above the mere anesthetic effect. If the patient be seen within one hour after the bite has been inflicted, he is usually all right in two or three hours, with the exception of a trifling swelling. The extension of the poison seems to be checked very shortly after the application. Internally, a few doses of strychnine may be given hypodermically, and occasionally some whisky and ammonia, perhaps in deference to local prejudice rather than with a belief that they exert any special therapeutic effect.—*New York Med. Jour.*

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The best site for an urgent tracheotomy is through the cricothyroid membrane. To hold the opening apart, a couple of hair pins bent at the end may be used as retractors.

In the performance of high tracheotomy a great deal of room can be gained by dividing transversely the fascia that extends upward from the thyroid.

*American Journal of Surgery.*

**SCHOOL AND MEDICAL INSPECTION OF CONTAGIOUS DISEASES.**

"Recently a pamphlet addressed 'To the Physicians of Cincinnati and the Principals and Teachers in the City's Public Schools' was issued by the Health Department. The pamphlet states that the district physicians are constituted a corps of inspectors whose duty will be to carry out two distinct inspections, viz.: school inspection, and the *inspection and supervision of contagious diseases*. Apparently no provision is made for the inspection of private and sectarian schools. Why are they neglected? \* \* \*

"The pamphlet contains several blank forms which are to be used in carrying out the work, one to be filled by the inspector notifying the physician in charge that he or she, the inspector, as the case might be, has just made an official visit to the home of the patient, and is to coöperate with the physician in maintaining the necessary isolation, and upon notice of the termination of the disease will visit the patient and certify the facts required by the Board of Health for its action. The inspector graciously concludes this epistle by informing the physician that a discharge card has been left for him to sign and mail to the inspector.

" 'Diphtheria cultures and blood for Widal tests are to be sent to the Health Office as usual.' As soon as a report is received the inspector in whose district the case lies will be notified, and proceed to obtain certain information, placard the house, inspect the isolation, and prevent the case becoming a source of danger to others. How, or what the prevention, is not stated. This is suggestive of inefficiency on the part of the physician in charge, to say the least. The discharge culture sent by the attending physician is discredited, as it is to be supplemented by one obtained by the omnipotent inspector. The pamphlet would indicate that the Health Department questions both the ability and integrity of physicians. By some miraculous process the district physicians have become transformed into inspectors superior in intelligence and more credible than ordinary physicians.

"From whence came this power authorizing the Department of Health to invade the privacy of the sick-chamber and discredit and humiliate the physician? I do not believe that the Health Department has any such right, and if it has, it is a short-sighted policy to pursue.

"Another feature somewhat interesting in this connection is the laboratory diagnosis, especially of diphtheria. The weekly report of the Board of Health for the week ending January 4, 1907, shows the following result: Five positive, sixteen negative. Is it to be supposed that of the twenty-two specimens examined the physicians were mistaken in 80 per cent. of the cases? This will not occur when the phy-

sicians are supervised by the inspector. The foregoing is only an average of the usual results of the laboratory diagnosis; nevertheless, this universally-conceded questionable method of diagnosis is to be the standard, and the inspector, plus the bacteriologist, are the supreme tribunal. The attending physician is of no account in this reckoning.

“Former health administrations developed the only genuine tuberculosis experts, and the victims as well as the supposed victims of the white plague were cordially urged to appear at the City Buildings, bring their respiratory apparatus along, and have their pulmonary alveoli examined for the tubercle bacilli. Venereal specialists were also created from the district physicians; these were also styled inspectors. They — Sherlock Holmes-like — upon the wings of Mercury chased Venus to her lair, and sought the festive gonococcus from the summit of Mons Veneris to the fimbriated extremity of the ductus Fallopü. \* \* \* The present administration, not to be outdone — Aladdin-like — transforms a corps of modest district physicians into sanitary experts with superior, if not infallible, diagnostic ability and skill, and regards the balance of the profession as incompetent and untrustworthy. *The inspector questions the diagnosis, supervises the isolation, etc., and is the tribunal to whom recovery is referred.* In the eyes of the law physicians are all equally competent. The Health Department evidently thinks otherwise. W. E. LEWIS, M.D.”

In the above letter are embodied the ideas of a number of physicians who have spoken to the writer upon the subject. The editor concedes to no one greater loyalty to the regulation by the Health Department of sanitary affairs, but that inspectors have any legal right to force their way into a private house, and, for instance, swab out a patient's throat without the consent of the family or the attending physician, is, to say the least, questionable. At any rate, in a discussion of this very subject with a member of the bar, the latter declared that, as far as he was personally concerned, he would allow no such interference, and if occasion arose would test the matter in the courts. It is, of course, not probable that any coercion would be attempted, but that the department would content itself with an isolation of the child or prohibit it from attending school; but even this procedure would be sure, in turn, to alienate many physicians, and would not be a wise policy to pursue, particularly when the same end can be obtained by requiring the attending physician to send to the department a swabbing of the throat in convalescent diphtheria cases.

In the department report for the week ending January 11 the statement is made: “In both scarlet fever and diphtheria cases the medical inspectors must be notified by the physician in charge, and inspector's

return must be received by the officer before quarantine will be lifted." In such a disease as scarlet fever, where there is no laboratory method of determining when the child is free of infection, is the one hasty visit of the inspector of more value than the advice of the attending physician, who has perhaps been attending the patient for several weeks? Or take the statistics to which Dr. Lewis has referred, where the department reports show that the number of negative reports of diphtheria cases greatly outnumber the positive reports. He is a poor physician who, having satisfied himself from the history and the appearance of the throat that he is dealing with a case of diphtheria, delays administering the antitoxin until he has received a bacteriological report. Suppose the report be negative — and many of us have had negative results in cases which have been followed by post-diphtheria paralysis — will the department be satisfied and conclude that the clinical diagnosis was wrong, that there has been no diphtheria and therefore no quarantine? The conscientious physician will not be satisfied with this ruling, but, believing in his own observations, will isolate his patient just as strictly as if the report were positive. Indeed, in this day and generation, when the laity are perhaps unduly educated in medical affairs, he can not afford to do otherwise. The appearance of another case of diphtheria in the family due to his neglect or carelessness would abruptly end his career as far as that particular family is concerned.

It seems to us that the department should proceed carefully in this matter and after thorough discussion, so that no unpleasantness arise and defeat the otherwise admirable features of the system it has taken so long to establish.—*The Lancet-Clinic.*

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A metastatic growth in a superficial lymphatic gland or a gland of the skin may sometimes deceptively simulate the appearance of a sebaceous cyst. In a patient suffering with a malignant neoplasm, therefore, the development of a "wen," especially if at an unusual situation, should be regarded with sufficient suspicion to prompt investigation of its interior.

Examination into the nature and cause of discrete hard lymphatic swellings on each side of the neck, along the sterno-mastoid, should include exploration of the pharynx and naso-pharynx for possible new growth.

Do not be in a hurry to perform primary amputations after severe traumata of the extremities. First, combat the shock and prevent hemorrhage. Keep the wound as clean as possible, and only when the patient has quite recovered from his shock (at the end of a few days or more) perform the amputation.

# ECLECTIC MEDICAL JOURNAL.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.

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## NEW SETON HOSPITAL.

We are very glad to be able to inform our readers that the Seton Hospital has outgrown its quarters on West Eighth Street. The Sisters of Charity own and conduct this institution, which is affiliated with the Eclectic Medical Institute, and furnishes our students such excellent clinical facilities, also hospital facilities for our physicians as well as physicians of other schools.

Last month the Sisters purchased the Presbyterian Hospital, which is located on West Sixth Street, below Mound, running through to Kenyon Avenue.

This large property embraces four buildings, one of which is a large, modern, four-story hospital building, one hundred and twenty feet wide and forty feet deep and four stories high. It is built of pressed brick, and contains a chapel and room for a free dispensary on the first floor; two large wards, which in all probability will be subdivided into four wards, on the second floor; a large operating room and private rooms on the third floor; a large sun parlor and private rooms on the fourth floor. It has a hydraulic elevator, and is fully equipped in every way. This hospital has not been used by the Presbyterians for the past two years.

The entire property, which cost more than two hundred thousand dollars, has passed to the Seton Hospital, which will remove to the new location as soon as certain alterations and improvements can be made.

The new hospital will have a capacity of sixty beds, as against twenty in the other location, and increased opportunities in many directions, one of which will be the establishment of a free dispensary for outdoor medical service.

SCUDDER.

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## A NEW ANESTHETIC.

A new anesthetic is at present claiming the notice of the profession, and it is promising to be so meritorious that it ought to be more widely known. It has been in use in some quarters for about a year, more or less, though little notice of it has appeared in print. It is prepared for the market by the Abbot Alkaloidal Company.

It can be administered hypodermically, thus doing away with the inhalation plan, and after it is in operation the operator does not need to bother his head about possible chloroform narcosis. He is, therefore, free from any embarrassment of the kind, and can devote his full energies to his operation. Of course there are times when the operating surgeon assumes no responsibility of this kind, but again there are others when all may rest upon his shoulders. Another advantage of this agent is, that post-operative nausea and vomiting are almost entirely done away with, something well worth while in many instances.

The agent comes in tablet form, and each tablet contains a dose, which consists of one one-hundredth grain of hydrobromide of hyoscine, one-fourth grain of morphia sulphate, and one-sixty-seventh grain of cactin. One of these is to be dissolved in a syringeful of distilled water (or boiled water) and injected into the arm or some other convenient part two hours before operating time, and a second one an hour and a



half later. Half an hour after this the patient is ready for the surgeon's knife.

The writer, from limited experience with it, can express himself as very much pleased with its effect. It is liable to supplant older methods. In a case of old laceration of the perineum, in two cases of trachelorrhaphy, and in a rectal operation involving the removal of pockets and papillæ, it has worked like a charm. It has long been asserted that its use is sometimes followed by talkative delirium, but so is chloroform. It is said to sometimes be attended by unpleasant rigidity, though not in our experience.

An acquaintance who does an extensive surgical practice has used it quite largely, and likes it very much. He has done a wide range of operations under it, among them an abdominal hysterectomy. He is pleased with its action in parturition, where it entirely mitigates the suffering, without interfering with normal uterine contraction.

WEBSTER.

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### MODERN TEACHING OF PHARMACOLOGY.

"In considering the progress of modern medicine, one naturally thinks of bacteriology, the advances of surgery under asepsis, our perfection of special clinical branches, and the advent of precision in the diagnosis of internal diseases rendered possible by the creation of a new science of pathologic anatomy. But only slightly less striking has been the change in the *science* of drug-giving. This teaching has been very limited, however, owing chiefly to the absence of a suitable text and the dearth of proper teachers. No other subject taught in medical colleges needs rejuvenation to-day so much as materia medica and therapeutics. The colleges themselves are to blame for the ease with which the profession falls a victim to the wiles of the proprietor of a proprietary remedy.

"We have had scientific pharmacologies; we have more than enough empiric texts. One was not practical, the other unscientific. Now let the teachers of the subject fall into line and put the teaching of therapeutics on its proper plane. In the recent agitation over nostrums, the public was close on the heels of the medical profession, and we need to get away from our present standard of the teaching of therapeutics."—*Editorial, Detroit Medical Journal.*

The above article, part of which is quoted, forcibly recalls the old adage, "Though the mills of the gods grind slowly, yet they grind exceeding fine." The claims advanced by the majority of medical colleges for students have been based almost exclusively upon their superior laboratory advantages, while even a cursory examination of the time



devoted to materia medica shows a minimum of hours for that which is of the utmost importance, not only to the doctor, but the patient as well. Any one who has listened to the lectures on materia medica and therapeutics in the average medical college will remember distinctly how practically every drug mentioned was formally introduced as, "It has been used in pneumonia," or whatever the disease reported, and while awaiting in anxious solicitude for further information, you were introduced in a similar manner to another drug that the celebrated Dr. Guess had employed with satisfactory results in a case of gastritis, and so on through the list. A dreary desert of words without an oasis of valuable information. Of course we must make exceptions of mercury, potassium, iodide, quinine, and opium or its derivatives, but if there are any special contra-indications to the use of these drugs, no mention is made of them, as a rule.

Is it any wonder a school so handicapped in the knowledge of drug action is continually wandering in search of the "philosopher's stone"? Or reasoning from this premise, is it strange that their patrons shift to the various cults that are continually springing up, the majority of which are simply old, obsolete methods of the days of sorcery and witchcraft revived? Many persons prefer recovery from an illness through mystic processes, rather than weeks or months of debility, the result of overdosage of drugs that probably protracted the original ailment. Can you blame them?

There is no question but that the proper administration of drugs — this means the proper selection for conditions and the correct dosage — will aid and hasten the recovery of every curable disease. The conditions requisite for the use of drugs, the definite drugs required for definite conditions — *not diseases* — the effects that will follow the *intelligent* prescribing of remedies, has been, and is still, forcibly being taught in every first-class Eclectic College in this country. It is not stated that a remedy or drug has been used successfully, but that it will, under certain conditions — indications, produce definite results.

The success of the prescriber of this system of medicine depends upon each individual's ability to read the indications, provided his drugs are reliable, and we possess a line of remedies second to none in the world, and when failure results in curable cases, the fault is not with the system, but the physician.

The mills are relentlessly grinding, and the day is not far distant when a rational study of materia medica and therapeutics will be incorporated in every medical college, will be given the prominence it not only deserves, but demands, and the graduates will be equipped for the fight against disease that at the present time is denied the majority of those attending medical colleges.

.FOLTZ.

### WISDOM OF THE ECLECTIC FATHERS.

In no place has the wisdom of the Eclectic fathers been more clearly demonstrated than in the selection of their remedies. Coming, as the early Eclectics did, into a wealth of possible remedial agents, they were also confronted with multitudes of plants that might be worthless. To have neglected investigation of the one would have been as much an error as to have neglected the other. These drugs were not differentiated from each other; the good could not be discovered without making a study of those indifferent or bad. The same woodland held in juxtaposition the bitter and the sweet, the worthless and the useful. None were therapeutically labeled, unless it be that the domestic uses of the aborigines concerning some of them were to be considered as evidences of value; but even here only the crudest of the simples were used as cures for the bundles of abnormal expressions, not less empirically known as diseases.

Into this wealth of possibilities came the Eclectic fathers. Possibilities to err and to blunder rather than to succeed were ten against one, yes, a hundred to one.

The result of a line of blunders would have been annihilation to the cause. Relentless antagonists stood ready to take advantage of every mistake. Ostracism, ridicule, persecution, were in the air whenever any man suggested doing what the "fathers" had undertaken.

For nearly a century they were resisted as never before had men in a good cause been opposed. But unswervingly they persevered, searching the woods, fields, swamps and mountains for treasures to give to the very men by whom they were most inhumanly persecuted.

One by one the products of the American flora were tried in this crucible of experience. The good were placed on record and those indifferent were relegated to obscurity. Finally, Eclectic remedies, effective and scientific, were so abundant that nearly every disease expression could be positively combatted by their agency. The "New World" had given of its riches of field and forest to the earnest believers of the new American practice based on the American Materia Medica. Eclecticism in its outreaches had served the American people better even than is known to-day.

Listen. In it all not one fraudulent drug was placed in the Eclectic list; not one misnamed plant; not one baneful remedy. Every plant preparation introduced was under its botanical name; every compound under its open formula. The names of Beach, King, Newton, Scudder, and such are not stigmatized by a single remedial fraud, nor yet, marvelous as it seems, by a single drug that to-day does not stand the test of present-day experience.

This is a remarkable condition, and over it this writer marvels the more as each day's reflection is added to that of the day preceding.

During this time the *materia medica* and the practice of the dominant school, claiming by right of inheritance the name *Regular*, has been practically brushed twice from the map.

Excepting opium and a few old-time energetics, the regular *materia medica* of fifty years ago is dead lumber in the pharmacopœias of the past and in the antiquated works of Dunglison, Cullen, and other authorities who have long since passed away.

But the greatest testimony to the wisdom of the Eclectic fathers concerning the selection of their remedies is tendered by the National Congress in its recent pure-drug law. In the list of drugs to be regulated by law, embracing more than a hundred items, not one of the drugs introduced by the Eclectic fathers is given place. The harmful remedies, the baneful compounds, the deleterious drugs, substances that need be guarded by the strong arm of the national law, insidious nerve-racking narcotics, the criminal synthetics, are a mighty list:

But it does not embrace an item from out the rich *materia medica* evolved by the wisdom of the Eclectic fathers. LLOYD.

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### RETRO-PHARYNGEAL ABSCESS.

A recent experience with retro-pharyngeal abscess caused a renewed study of the subject. Fortunately our experiences are few, as they are not pleasant ones by any means. It is not primarily a cellulitis, but a suppurative inflammation of the lymph nodes with a surrounding cellulitis. It arises from an infection of the lymph nodes lying in either side behind the pharyngeal wall.

Two varieties are described: the so-called idiopathic abscess, which belongs to infancy, and is secondary, or the result of a severe pharyngeal or naso-pharyngeal catarrh, an attack of epidemic influenza, or rarely a sequel of scarlet fever or measles.

The second variety occurs in older children, and is secondary to spinal caries or caseation of the post-pharyngeal lymph nodes.

The case under consideration belongs to the first variety, and occurred in an infant of fifteen months of age.

When first consulted the child had a swelling of the cervical lymphatics of the right side, presumed to be a complication of a severe rhinitis. This partially subsided. The left side soon exhibited the same condition, and as a result both sides terminated in suppuration. The suppuration of the glands necessitated an evacuation by incision. Later it was noticed the swelling again increased, the head was held to one

side and the neck was stiff. The breathing became noisy, deglutition was interfered with as well as respiration, and as a consequence of the latter the sleep was restless and broken. Temperature elevated. The interference with respiration became a serious problem, and though repeated examinations of the throat were made, no point for an incision could be found. The cervical glands were swollen to the clavicle.

Under an anesthetic a careful dissection was made with the hope of evacuating the pus and relieving respiration. Though pus was found, relief was not afforded. When a fatal termination seemed imminent, the abscess opened internally, with immediate relief and a complete recovery.

The treatment of retro-pharyngeal abscess is incision. In the majority of cases the abscess is located in the median line, where an incision can be made. Rarely, as in our case, it is so deep that an incision can not be made with safety nor success.

Hot applications were continually made. Not only to hasten supuration, but in the vain hope that it would open externally.

MUNDY.

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### **SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION.**

It matters not now what we may believe to have been the factors giving success to the efforts of the early Eclectics, it is an unquestioned fact that the stability and strength of Eclecticism to-day is due to specific medication. With the almost total relegation of those therapeutic means against which the Eclectic fathers fought, on part of the regular profession of to-day, we would have but little to stand upon in claiming a distinct school, differing from at least a part of the dominant party of the present, had we not something to distinguish us from our forefathers. The older Eclectic did his part, and did it well; he made ready the way, in the impetus given the study of medicines, for the oncoming of the better philosophy of specific medication. If all other distinctions were now to be swept away, the school would still stand a great and distinctive world-power in medicine, and in its peculiarity of being a school of specific medication.

Dr. Scudder boldly pushed his then new philosophy of medicine in 1869. True, he had been aided by some of his colleagues. As was to be expected, he was bitterly assailed and ridiculed. Some, more far-seeing than the others, judiciously tried the new form of medication. Results justified their course. To-day every Eclectic school of medicine in the land proclaims, in the most unmistakable language and conspicuous place in their announcements, that they teach specific medication as the leading therapeutic thought. While this is true and students are

instructed in specific therapeutics, how many of them have read the great masterpiece of the author and founder of specific medication?

No single work upon medicine and diagnosis has ever appealed to the writer as strongly as has Dr. Scudder's "Specific Diagnosis." He has yet to feel that any inducement could be offered that would make him part with his copy of that work. It was the first and is the best work ever published by the Eclectic school or any other on specific diagnosis. By this we do not mean diagnosis for the classification of diseases, but diagnosis inseparably linked to clinical therapeutics. Without wishing to be dogmatic, we can not see how any Eclectic doctor can consider himself fully equipped to practice his art without having read and re-read this book. Moreover, he should own a copy. We would as soon think of a homeopath without a copy of the "Organon" as an Eclectic without "Specific Diagnosis."

It is keenly to be regretted that so many students acquire their therapeutic knowledge chiefly second-handed alone. It is more to be regretted that this has lessened the demand for this masterpiece, which in about a year will be out of print and disappear from the active book market. The remaining few copies of both this work and its necessary companion, "Specific Medication," have been neatly bound in one volume, and the stock is being rapidly sold out. This will give those who have no copy, and those who have loaned a copy to some admirer who has forgotten to return it, an opportunity to replenish their libraries. These words are in no sense intended as an advertisement, for the publishers have little to gain for their liberality. But we are impelled to write this plea because we feel that no Eclectic doctor can afford to be without this cornerstone of the structure of specific medication.

FELTER.

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#### REMEDIES WHICH INFLUENCE MUCOUS MEMBRANES.

While we may increase or diminish secretion from mucous membranes by the administration of drugs, these structures are not all influenced in the same manner by our remedies. Some agents will act upon the mucous lining of one canal, some on that of another, while still others expend their energies upon all alike. Thus we have the special and the general remedies. What we desire most is a medicine that will meet a plain indication, a direct remedy. Our books are already filled with the description of drugs that "have been used," or "said to be good," in various conditions. The "has beens" and the "said to be's" are no longer of interest to us; we want facts, and therefore we shall discuss only such remedies as have been proven and found worthy.

There are two drugs which will increase secretion from respiratory

mucous membranes. These are emetine and pilocarpine. Specific ipecac will increase secretion from the respiratory tract. Emetine, an alkaloid of ipecac, contains the active principle of that drug, and a granule 1.40 represents about one grain of ipecachuana. When increased exudation from the respiratory mucous membranes is indicated we may give the patient two or three drops of the specific medicine every half hour, or a granule emetine 1.40 gr. in the same manner, and persist until results are obtained.

Pilocarpine is a direct remedy the action of which we can fully control. This drug in 1.10 to 1.50 gr. every two hours will promote bronchial secretion. There are many cases in which we find the above alkaloid useful, and under some circumstances ipecac and jaborandi may be combined, but either of these singly will increase secretion from the respiratory mucous membrane. Pilocarpine has a more general action upon all the secreting structures of the body than ipecac, and it is well to bear this in mind when using the remedy.

Of remedies that restrain secretion from the respiratory mucous membrane we will mention but two. Belladonna will arrest profuse secretion when administered in small doses. Ten drops specific belladonna in four ounces glycerine, teaspoonful every two hours, will act promptly. Atropine, 1.100 gr., has a similar action in checking excessive mucous secretion. Euphrasia is also a restrainer of profuse secretion. This remedy is especially indicated when the discharges from conjunctival, nasal and bronchial mucous membranes are copious and watery. It may be given in doses of teaspoonful specific medicine every hour until results are obtained. In direct medication we must be sure of our agent and then push to effect or intolerance. When we are hitting the nail on the head we must strike often enough and hard enough to drive it home. Use just enough medicine, and no more.

WATKINS.

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#### **STRONTIUM LACTATE.**

In a conversation with Dr. C. M. Abbott, of this city, he mentioned his pleasant experience with lactate of strontium in albuminuria. In three cases since we prescribed it, fifteen grains, in an abundance of water, four times a day, and the results were very gratifying. In two of them the albuminuria had continued for some time. In the others there was no such history. Little is said in works on therapeutics about the lactate other than that it is a remedy in albuminuria. We suggest that JOURNAL readers try the remedy and report successes and failures, and particularly as to the presenting symptoms or condition in the cases to whom it given. It certainly lessens albumin in some cases.

BLOYER.

COLLEGE STATISTICS.

We have prepared a record of the graduates of the Eclectic Medical Institute for 1906, as follows :

Number of graduates .....	35
Thirty-two registered on examination in States.....	38
Number who have not applied for registration .....	2
Failed on examination .....	1

	Arkansas.	Colorado.	Illinois.	Indiana.	Kansas.	Kentucky.	New York.	Ohio.	Pennsylvania	Texas.	W Virginia	Total.
Passed .....	1	1	2	5	1	3	3	8	4	5	5	38
Failed. ....								1				1

This makes the revised schedule for the years 1900 to 1906 inclusive—seven years—

Total number of graduates.....	209
Ninety-five registered on diplomas in States .....	108
One hundred and thirty-five on examination in States....	150
Number who have not applied for registration.....	9
Failed after one or more trials.....	6

SUBDIVISION BY STATES

STATES.	ON DIP.	EXAM.	FAILED	TOTAL.
Alabama .....		1		1
Arkansas.....		3		3
California.....	1	1	1	3
Colorado .....	2	1		3
Florida.....		2		2
Georgia .....		2		2
Illinois.....		12		12
Indiana .....		26	2	28
Indian Territory.....	2			2
Iowa.. .....			1	1
Kansas .....	1	5		6
Kentucky.....	14	7		21
Michigan.....	2	1		3
Missouri.....	2	4		6
Nebraska.....	1			1
New York.....		4		4
Ohio.....	80	26	1	107
Oklahoma.....	1	1		2
Oregon.....		3	1	4
Pennsylvania.....		23		23
Tennessee.....		1		1
Texas .....	1	7		8
Washington.....		1		1
West Virginia.....		19		19
Wyoming .....	1			1
Total.....	108	150	6	264



**SPECIALLY CONDUCTED TRIP TO LOS ANGELES.**

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I am perfecting arrangements to take out a specially-conducted party of physicians and their friends to the annual meeting of the National at Los Angeles.

As now arranged, subject to slight modification, the party will leave Cincinnati Wednesday, June 12th, at noon, via the B. & O. S.-W. R. R., in a chair car for St. Louis, arriving there about 8:30. We shall leave St. Louis in a special Pullman car (or possibly two, if necessary) the same evening at 10:10, via the Missouri Pacific. Arriving at Kansas City Thursday, at 7 a. m., where the cars will be attached to the fast train on the Santa Fe, leaving Kansas City at 8:45 a. m., arriving at the Grand Canyon 7 a. m. Saturday, which will allow us to remain twenty-five hours, leaving there at 8:30 a. m. Sunday, arriving at Los Angeles Monday, at 8:20 a. m., which will give us one day there prior to the opening of the convention.

From Kansas City to the Grand Canyon meals will be obtained on the train *a la carte*. From that point to Los Angeles, at the Harvey eating stations.

Please send in your checks for \$16.00 to me now for reservations in the Pullman car, which will include the entire trip from St. Louis, including side trip to the Grand Canyon. Early reservations will secure lower berths. Should you finally be unable to go at the last moment, your reservation can be transferable.

It is intended that parties from Georgia and Tennessee should secure their tickets by way of St. Louis and join us there, others joining us at Kansas City and other points west. When you buy your round-trip ticket from your agent, simply ask him to make your *going* route as above indicated. The return route is subject to your own choice.

Most of our party will probably go to San Francisco for a day or two by the Southern Pacific, returning by the Union Pacific to Ogden, thence to Denver over the Denver & Rio Grande, which is the great scenic route through Colorado, thence to your destination by any route selected.

Any who prefer can pay \$12.50 additional when they are securing their ticket, and return via Portland, Oregon, and Northern Pacific, or Vancouver and Canadian Pacific. All Pullman reservations must be made not later than May 10th.

J. K. SCUDDER.

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ERRATUM.—In last month's Journal, on page 139, Dr. George P. Burtchby's address should read Oskaloosa, Iowa.



# GREEN DRUG

## Fluid Extracts

### AND

## Normal Tinctures

### The Highest Type of Fluid Medicines.

**Because** in their manufacture we recognize the fact that the therapeutic value of many drugs depends upon constituents that are volatilized, easily oxidized, decomposed, or rendered insoluble by the ordinary process of drying or by long or imperfect storage—

**Because** in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

**Because** the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

**Because** of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

**Because** the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. NORTON, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

## The Wm. S. Merrell Chemical Company

HEADQUARTERS FOR HIGH-CLASS REMEDIES  
FOR DISCRIMINATING PHYSICIANS.

New York

CINCINNATI

San Francisco

# Three Time-Tried and Efficient Remedies

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**GENITONE** (ELIX. VIBURNUM PRUNIF. COMPOUND—MERKELL) has for years been the unfailing reliance of thousands of physicians in the treatment of *Functional Derangements* peculiar to *Women*. Each fluidram represents Golden Seal, 5 grs., Black Haw, 8 grs., Pulsatilla, 2 grs., Passiflora, 4 gr., Life Root, 5 gr., and Aromatics, q. s. The average dose is one teaspoonful three or four times daily.

**ELYTRONES** (ANTISEPTIC VAGINAL SUPPOSITORIES) meet the indications in those cases in which leucorrhea is a symptom requiring local treatment. Their action is astringent, antiseptic, analgesic, and deodorant. Each suppository contains Boroglyceride Solution, 75 grs., Colorless Hydrastis, 5 min., Thy-moline (equivalent) 40 min., Zinc Sulpho-carbolate,  $\frac{1}{2}$  gr., Ace-tanidide, 2 grs., Gelatin, q. s. Elytrones B. have the same composition with the addition of 5 grs. Ichthyol to each suppository.

**ERPIOL** —DR. SHRADER (CAPSULES APIOL COMPOUND.) Each capsule contains Apiol, green, 5 min., Ergotin 1 gr. and Gossypin 3 grs.

ERPIOL contains no aloes and acts as a direct emmenagogue, and not as the indirect result of irritation of the rectum and other pelvic viscera.

ERPIOL is effective in relieving Dysmenorrhea, Amenorrhea and Scanty Menstruation.

Circular matter descriptive of these

## Three Time-Tried and Efficient Remedies

Sent to physicians upon application.

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## The Wm. S. Merrell Chemical Co.

NEW YORK

CINCINNATI

SAN FRANCISCO

# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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VOL. XII.

APRIL, 1907.

No. 4.

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### BOOK NOTICES.

**Atlas and Text-Book of Human Anatomy.** By J. Sobotto, of Wurzburg. Vol. II. Edited by J. McMurrich. 194 pages, 8vo, 214 illustrations, mostly in colors. Philadelphia: W. B. Saunders Co. Cloth, \$3.00 net.

This volume is the immediate continuation of the subject matter of volume I, which we reviewed a short time ago. This volume covers splanknology and angiology, and the plates are of the superb character of those noted in the first volume, viz. autotype (partly multicolored), multicolored photography, and the three-color process. All explanatory figures are reproduced in simple line etchings, and photography has been made the basis for all original drawings. Too much praise cannot be given both the authors and publishers for placing this work before the student and doctor at so reasonable a price. Next to actual dissections conducted extensively and thoroughly, the very best way to acquire a working knowledge of anatomy is by means of atlases of this character. There is just enough text to give a continuous and easily-grasped idea of the parts considered, and to make it a pleasure to read it. Sabotto's work is a great achievement and deserves a very wide sale. To see it is to buy it,

H. W. F.

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**The Diseases of the Nose, Throat and Ear.** By Charles P. Grayson, M. D. Octavo, 550 pages, with 152 engravings and 15 plates in black and colors. Cloth, \$4.00 net. Lea Brothers & Co., Philadelphia.

The author has given more attention to the anatomy of the parts considered than is usually found in works of this character. The descriptions for examination are well written, and also the instruments necessary for examination and operation are lucid enough so the novice will not buy what is not necessary.

The descriptions of the various morbid conditions are well written, clear, and usually are concise. Treatment is usually along the usual methods recommended in the text-books on these subjects, and is more

explicit than the majority of them. Internal medication, excepting in some diseases, is subservient to local measures. The author justly decries the use of gargles in the use of tonsillar and pharyngeal inflammations, and this is certainly a step forward. On many subjects that are open to controversy the author is conservative in expressing his opinion, giving each faction credit for the work accomplished.

The illustrations are good, and the mechanical part of the book is what is to be expected from the publishers. The book will be found useful for reference, and can be honestly recommended. K. O. F.

**The Practitioner's Medical Dictionary.** An Illustrated Dictionary of Medicine and allied subjects, including all the words and phrases generally used in medicine, with their proper pronunciation, derivation and definition. By G. M. Gould, M. D., 1043 pages, 388 illustrations. Flexible leather, \$5.00; with thumb index, \$6.00, net. P. Blakiston's Son & Co., Philadelphia.

This book is in every respect and detail new. Its object is to supply the practitioner with trustworthy, modern definitions of essential medical words and terms. It is based on recent medical literature.

It contains, among other new features, the terms of the Basle Anatomical Nomenclature (BNA). The standards of pharmaceutical preparations as authorized by the eighth decennial revision of the U. S. Pharmacopœia are given. Tables of signs and abbreviations used in general medicine and the specialties and of the English and metric systems of weights and measures are introduced.

It has been made up in a form most suitable for ready reference, complete in text and illustration and attractive in appearance. Printed on tough, thin paper, excessive weight and bulk are eliminated, while the dull surface of the paper, together with the employment of new, clear type, facilitate ease and comfort in reading. The book will lie perfectly flat at any page to which it may be opened. J. K. S.

**A Compend of Medical Chemistry.** Inorganic and Organic; including Urinary Analysis. By Henry Leffman, M. D. Fifth revised edition. P. Blakiston's Son & Co., Philadelphia. Cloth, \$1.00.

The author in his preface defends the use of compends as follows: "It has been said that Alexander Pope is a poet whom everybody quotes and nobody reads. It may be said of compends that they are books that most professors and reviewers condemn, and that nearly all students use. The truth is that in the present system in professional schools, students are obliged to meet two distinct requirements. They must study for the knowledge necessary for the practice of the profession, and they must study to pass examinations. The latter are in so

## **"SPECIFIC MEDICATION AND SPECIFIC MEDICINES."**

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows:

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no SPECIFICS *for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

LLOYD BROTHERS,

CINCINNATI, OHIO.

JANUARY, 1907

## Not One "Sticker" in All America.

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Every Wholesale Druggist in America has since January 1st purchased full lines of *Specific Medicines* and our *specialties*, assayed and newly labeled in accordance with the National Law.

No "stickers" are on any of our preparations. *Not one Sticker in all America.* Every bottle, carton, and box from our establishment bears a regulation label *as the National Law demands.*

Every preparation of our make in any jobber's stock can be sold either now or after October 1st, 1907, in any territory or inter-State commerce anywhere.

Every bottle is labeled so that it can be *dispensed or compounded from in confidence*, now and hereafter.

Demand an original bottle properly labeled, sealed, and cartoned. Do not accept an opened package from anyone, or a fragment of anything we make. After opening the bottle, replace the broken cork with a new one.

Observe that the original bottle, the wrapper, and the box, is, each of them, labeled as the law demands.

Keep the medicine in the *original container* and after use cork the bottle well.

So far as we know, every preparation bearing our label, in every jobber's stock in America, complies in substance and label with the National Law.

**NOT ONE "STICKER" IN ALL AMERICA.**

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**LLOYD BROTHERS, Cincinnati, Ohio.**

many cases arbitrary in scope, and affected by the personal equation of the examiner, that the student cannot be blamed for resorting to a concise presentation of the more important facts of the science, supplementing this by notes of the narrower and more strictly personal items of the teaching."

J. K. S.

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**Rockwood's Laboratory Manual of Physiological Chemistry.** F. A. Davis Co., publishers, Philadelphia. Cloth, \$1.00.

In this second edition the author brings the subject matter thoroughly up to date in accordance with the many advances of physiological chemistry. The book comprises not only a series of laboratory lessons, but also covers in outline the theory of the subject, and should suffice for the needs of the elementary student, in conjunction with the oral teaching of the laboratory and the lecture room. No attempt is made to cover the more abstruse phases of the subject, and the elementary facts and principles of physiological chemistry are lucidly brought out.

J. K. S.

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**Syllabus of Lectures on Embryology.** By W. P. Manton, M. D. F. A. Davis Co., publishers, Philadelphia. Cloth, \$1.25.

This book is a brief and concise treatise on the subject, well illustrated. The anatomy of the female organs of generation is briefly described, together with the male elements that enter into the formation of the embryo. Their methods of union and the successive steps of development of the future man are plainly given. A chapter is also devoted to directions for practical work. A glossary is also appended. Any one interested in this subject will find much information in this book.

J. R. S.

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**A Compend of Pharmacy.** By F. E. Stewart, M. D. Sixth edition, revised and enlarged. Philadelphia: P. Blakiston's Son & Co. Cloth, \$1.00

This compend is intended for the student of pharmacy, but medical students will find in it much useful information presented in a clear and concise form. It will make a capital adjunct to any text-book on materia medica, and is well calculated to help the student in preparing for an examination.

J. K. S.

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**Text-Book of Anatomy for Nurses.** By Elizabeth R. Bundy, M. D. Philadelphia: P. Blakiston's Son & Co. Cloth, \$1.75 net.

This volume contains 253 pages, and is embellished with 191 illustrations, 34 of which are in colors. It is supplemented with a glossary. It is prepared by one who knows the needs of the nurse, and who real-



izes that the latter has but little time to ponder over heavy works in order to learn the necessary anatomy to enable her to follow her vocation intelligently. It appears to us that it would not make profitless reading for the student of medicine in the beginning of his anatomic study, or as memory reviver between college terms. We heartily commend this book, and congratulate the author on its simplicity and freedom from unnecessary verbiage.

H. W. F.

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**Eczema.** By S. H. Brown, M. D. Philadelphia : P. Blakiston's Son & Co. Price, \$1.00.

This little volume will be appreciated alike by student and busy practitioner who have become confused on lesions of the skin, and after its careful perusal he will feel that he is not only able to diagnose eczema, but treat it successfully as well. The treatment in all its various phases makes it of peculiar value.

R. L. T.

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Copies of the new edition of Swedenborg's great work entitled "Heaven and Hell," is now being issued by the Swedenborg Printing Bureau, 16 Arlington street, Boston, Mass., at a nominal price of ten cents. When one considers how rapidly the advanced beliefs of the present time are approaching the religious system taught by Swedenborg, many of our readers will be interested in this pamphlet.

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## COLLEGE AND SOCIETY NOTICES.

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### CALENDAR OF NATIONAL AND STATE ECLECTIC MEDICAL SOCIETIES.

**National Eclectic Medical Association.**—President, E. H. Stevenson, Ft. Smith, Ark.; Recording Secretary, Wm. P. Best, 2218 E. Tenth St. Indianapolis, Ind. Next meeting at Los Angeles, California, June 18-21, 1907.

**Arkansas.**—President, J. L. Vail, Little Rock; Secretary, T. J. Daniel, Magazine. Next meeting at Little Rock, May 8, 1907.

**California.**—President, Ben Stetson, Oakland; Secretary, J. Park Dougall, Los Angeles. Next meeting, May 23-25, 1907.

**Connecticut.**—President, John A. Donner, Holyoke, Mass.; Secretary, George A. Faber, Waterbury. Next meeting at New Dow Hotel Hartford, May 14, 1907.

**Georgia.**—President, J. R. Duvall, Atlanta; Secretary, George A. Doss, Atlanta. Next meeting at Atlanta, April, 1907.

**Illinois.**—President, Wm. J. Pollock, Chicago; Secretary, W. E. Kinnett, Peoria; Corresponding Secretary, Charles S. Bushnell, Chicago. Next meeting at Chicago in May 8-10, 1907.

**Indiana.**—President, Z. T. Hawkins, Swayzee; Recording Secretary, W. N. Brown, Fairmount; Corresponding Secretary, E. B. Shewman, Waymansville. Next meeting at Indianapolis, May 21, 22, 1907.

**Kansas.**—President, O. C. Baird, Chanute; Secretary, F. P. Hatfield, Grenola. Next meeting at Kansas City, Kan., May 20, 21, 1907.





# ECTHOL.

**FORMULA:—EACH FLUID DRACHM REPRESENTS TWENTY-EIGHT GRAINS ECHINACEA ANGUSTIFOLIA AND THREE GRAINS THUJA OCCIDENTALIS. IT IS ANTI-PURULENT, ANTI-SUPPURATIVE, ANTI-MORBIFIC, AND IS ESPECIALLY INDICATED IN BREAKING DOWN CONDITIONS OF THE FLUIDS, TISSUES, CORPUSCLES, AND DYSCRASIA OF THE SECRECTIONS.**

**BROMIDIA      PAPINE      IODIA**

**BATTLE & CO., CHEMISTS  
CORPORATION, ST. LOUIS, MO., U.S.A.**

**Kentucky.**—President, Wm. Leming, Lexington; Corresponding Secretary, J. C. Mitchell, Louisville; Recording Secretary, Lee Strouse, Covington. Next meeting at Newport, May 6, 7, 1907.

**Massachusetts.**—President, Wm. A. Earle; Recording Secretary, Pitts Edwin Howes. Next meeting at Boston, June 6 and 7, 1907.

**Michigan.**—President, J. E. Waddington, Detroit; Secretary, F. B. Crowell, Lawrence. Next meeting at Grand Rapids, May 8, 9, 1907.

**Missouri.**—President, E. Younkin, Villa Ridge; Recording Secretary, T. A. Son, Bonne Terre; Corresponding Secretary, G. W. Frager, Kansas City. Next meeting at Kansas City in May, 1907.

**New England.**—President, Alfred Horace Flower, Boston, Mass.; Recording Secretary, Sylvania Apphia Abbott, 72 Broadwxy, Taunton, Mass.; Next meeting at Hartford, Conn., May 13, 14, 1907.

**New Jersey.**—President, D. P. Borden, Paterson; Secretary, George E. Potter, Newark. Next meeting at 87 Halsey st, Newark, May 22, 1907.

**Ohio.**—President, W. K. Mock, Cleveland; Secretary, W. N. Mundy, Forest; Corresponding Secretary, J. J. Sutter, Bluffton. Next meeting at Cleveland, May 7-9, 1907.

**South Dakota.**—President, John A. Stapf, Geddes; Secretary, W. E. Daniels, Madison. Next meeting (jointly with the Homeopathic State Society) at Huron in June, 1907.

**Tennessee.**—Recording Secretary, B. L. Simmons, Granville. Next meeting at Nashville, May 14, 15, 1907.

**Vermont.**—President, J. W. Marsh, Manchester Center; Recording Secretary, P. L. Templeton, Montpelier. Next meeting in State House, Montpelier, June 5 and 6, 1907.

**West Virginia.**—President, C. W. Seely, Wileyville; Secretary, J. A. Monroe, Wheeling. Next meeting at Hotel Windsor, Wheeling, May 14, 15.

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### The Sigma Theta Fraternity.

Thursday, March 5th, marked the natal day of the Sigma Theta Fraternity of the Eclectic Medical Institute. It was organized at a dinner given in the Palace Hotel. The following are the charter members: Class of 1907, C. W. Beane, J. J. Saxton, D. E. Rausch, P. H. O'Hara, J. T. Bowman, E. R. Blough, J. C. Dickinson and E. G. Winter. Class of 1908, D. E. Morgan and F. H. Finlaw. Class of 1909, Clay Jones. Class of 1910, O. E. Townsend, R. V. Lynch, Marcus V. Schautz, R. W. Kinsey, T. Slayden, G. R. Curl, H. W. Detrick and H. B. Frederick. The membership will be limited to twenty, and the Fraternity starts out with a set of good men, and hopes to succeed and merit the approbation of the other two fraternities and members of the Faculty by the methods it will pursue. The Fraternity has been chartered by the Secretary of State, and expects eventually to establish other chapters in the other eight Eclectic colleges. There is ample room for three fraternities in the College, and there is no reason why it should not succeed, if the spirit manifested at the initial meeting is carried out.

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### E. P. Fraternity Notes.

The E. P. Fraternity has sent out the following card:

"E. P. Fraternity Greetings: We are pleased to announce that we still exist, and are flourishing as a fraternity. We solicit your kind support, which a letter of suggestions or information from you would afford.  
REPORTER."

Each brother who has graduated is entitled to such card. Have you received one? If so, respond; if not, send us your address.

Our attendance of 1907 deserves special mention. Each meeting shows the effect of New Years resolutions. Three-fourths of our two score of members usually attend.

During the year the following members have traveled the mystic valley of initiatory uncertainty, and have been landed on the sun-clad summit of the majestic E. P. heights: Brothers Baird, Bayless, Alsaker, Venning, Rutman, Hudkins, Albright, Moran, Fuston, Bowles, Squire, Reynolds and Castleberry.

Does there throb in the bosom of any brother a heart so pessimistic as to picture so sad a doom to the E. P. Fraternity as befel old Rome? Brother, could you have beheld the nearly two score of heads bowed and hearts beating in sympathy on January 28th. or heard the gratified remarks of these new brothers, your pessimistic thoughts would change to—"If fall she must it will be with loyal hearts in compassion and hands as unwilling to haul her colors down as the brave crew of the Columbia."

Bro. C. L. Hudson, '08, of Gladewater, Texas, writes of several good locations, and concludes with: "I don't care who comes, just so it is an E. P. They are all good fellows, and will take well down here in the sunny Lone Star State."

Bro. Eastham, '05, is located twelve miles from Bro. Hudson, and is doing well.

Bro. Meadows, of Fullerton, Ky., remembered us with his wholesome smile and hearty hand-shake while in the city, January 11.

Bro. Wm. York, '07, successfully passed the West Virginia State Board in November, but is in college at present.

Bro. Sawyer, '05, of Bochito, A. T., writes of proposed legislative changes in the medical law which will probably be passed during the coming convention in his State.

Bros. Estell, Ullery, Kling, Conner and others have met with us on several occasions. and honored us with words of comment. Dr. Riggs also sends his regrets for inability to be present because of press of business.

A. M. UPHOUSE, Reporter.

#### **NATIONAL ASSOCIATION BULLETIN FOR MARCH.**

President Stevenson and the committee of arrangements at Los Angeles are making giant strides in their efforts to make the annual gathering one of the most notable, successful and enjoyable in the history of Eclecticism.

Our section officers begin to indicate that our program will be one of much interest, and it behooves every loyal Eclectic to do all in his power to strengthen the hands of all the officers of all the societies, that the national body may be representative of successful and enthusiastic workers everywhere.

The wisdom of the early efforts of our Corresponding Secretary concerning transportation is apparent from the fact that the Trans-Continental Passenger Association circular is issued in the name of the National Eclectic Medical Association, thus affording us a notice of unusual prominence.

Very fraternally,

WM. P. BEST, Rec. Sec.

## **Therapeutic Success**

in the treatment of many chronic diseases often depends  
on the judicious use of effective tonic remedies.

# **Gray's Glycerine Tonic Comp.**

can be relied upon to increase the appetite, improve  
the digestive and assimilative functions, and give to  
weakened, debilitated patients the very support and  
strength they most urgently need.

**Its use not infrequently means therapeutic victory instead of  
therapeutic defeat.**

**THE PURDUE FREDERICK CO.,  
298 BROADWAY, NEW YORK.**

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## **The M'Millen Sanitarium for Mental Diseases**

**NEAR COLUMBUS, OHIO.**

**Telephone 4406**

***For Men and Women***

***Alcoholic, Morphine, Chloral***

***All Classes of Insanity Admitted.***

***and Cocaine Habits Treated.***

We receive and care for patients suffering from any form of disease with mental complications. Our equipment is new and up to date. We offer good care, night attendants, comfortable room, good table, and constant personal supervision.

**The Columbus, New Albany and Johnstown Cars to Door.**

The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full and ask for rates and circular.

**PROFESSIONAL CORRESPONDENCE SOLICITED.**

**BISHOP McMILLEN, M. D., Sup't.**

**Address, Shepard, Ohio.**

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## **Dr. JOHN SWANSON,                      OSTEOPATH.**

**705 Commercial Tribune Building, 528 Walnut St.  
CINCINNATI.**

Over six years in the practice of Osteopathy, treating a large variety of cases with a remarkable degree of success, and many cases cured when other forms of treatment failed

The success of the treatment in so many bad cases demonstrates its necessity in the alleviation of suffering, which should be considered in the practice of medicine.

Correspondence and consultation solicited.

Member of class '09 E. M. Institute.

# MEDICAL BOOKS.

We have frequent inquiries concerning the latest Allopathic Text-Books on the several lines of practice, and we have compiled the following list :

## Skin Diseases.

Stelwagon—Octavo 1185 pages, finely illustrated, cloth.....\$8 00  
Hyde-Montgomery—Octavo, 938 pages, illustrated, cloth..... 4 50

## Diagnosis.

Musser—Octavo, 1213 pages, over 400 engravings. cloth..... 6 50  
Boston—Clinical Diagnosis—563 pages, cloth ..... 4 00  
Kintzing—Signs of Internal Disease—400 pages, finely illustrated, cloth.. 3 50  
Sheldon—Indications for Operations—400 pages, illustrated..... 4 00

## Diseases of Children.

Carr—Practice of Pediatrics—Octavo, 1014 pages, finely illustrated..... 6 00  
Fruhwald and Westcott—533 pages, cloth..... 4 50  
Filatov and Earle—One large volume, 839 pages..... 5 00

## Genito-Urinary Diseases.

R. W. Taylor—Octavo, 750 pages, nearly 200 plates, cloth..... 5 00

## Gynecology.

Bovee—Large octavo, about 1000 pages, illustrated handsomely..... 6 00  
Ashton—1079 pages, over 1000 line drawings, new edition, cloth..... 6 50  
Hirst—Diseases of Women—cloth..... 5 00

## Regular Materia Medica and Therapeutics.

Sollman's Pharmacology and Therapeutics—894 pages, cloth..... 4 00  
Cushny's Pharmacy and Therapeutics..... 3 75  
Hare's Practical Therapeutics ..... 4 00  
Stevens' Materia Medica and Therapeutics..... 3 50

## Medical Jurisprudence.

Draper's Legal Medicine—1 large volume, 573 pages..... 4 00  
Hamilton's System of Legal Medicine, 2 volumes..... 10 00

## Nervous and Mental Diseases.

Church and Peterson—Octavo, 937 pages, cloth..... 5 00  
Dana—Mental and Nervous Diseases ..... 4 00

## Obstetrics.

Hirst's Text-Book—899 pages, fully illustrated, cloth..... 5 00  
Edgar's Obstetrics—1153 pages, many illustrations, cloth..... 6 00

## Practice of Medicine.

Anders' Practice—Large Octavo, 1300 pages..... 5 50  
Stevens' Manual—558 pages, flexible leather..... 2 50

## Surgery.

American Text-Book—1363 pages, finely illustrated, cloth..... 7 00  
DaCosta—New edition, up-to-date, all-round good work..... 5 00  
Bickham—Operative Surgery, the best one-volume work on the line ..... 6 00  
Robert's Manual of Modern Surgery—Octavo, 838 pages, 474 cuts, cloth... 4 25

All prices are for cloth ; for sheep or half mor. add \$1.00 per volume.

Any medical book published will be supplied on order, at publishers' prices. Complete 144-page catalogue of every medical book published sent on request.

**THE SCUDDER BROS. CO.**

1009 Plum St., Cincinnati.

Arrangements are being completed for a special train to Los Angeles National Eclectic Medical Convention, leaving Fort Worth at 9 p. m. Tuesday, June 11, and stopping at Santa Fe and Grand Canyon.

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## PERSONALS.

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**Location.**—Good location in small country town in Ohio, Good roads and surrounding country. No opposition. An active young Eclectic can do a business of \$2,500 per year. Address Dr. X, care this Journal.

**Location.**—Good location in railroad town of 300. Good surrounding country. For particulars address with stamp, Mr. O. W. Alexander, R. F. D. No. 2, Bower's Mills, Mo.

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**Died**—at Detroit, Mich., March 3d, of acute pneumonia, Harry C. Hall, late of Cincinnati. Mr. Hall was Vice President of the Christian Standard in this city for many years, and for over twenty years he has acted as special advertising agent for the E. M. Journal.

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Dr. J. H. McElhinney, of New London, Ohio, has just moved to Mansfield. He will be glad to correspond with several active young Eclectics who want locations, and he will furnish information on receipt of a stamped envelope.

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Prof. William Henry Wyatt-Hannath, M. D., of 126 West 45th street, died at his home on February 1st, of blood poisoning, aged fifty years. He was born in England, was educated there and took orders in the church of England. Twenty years ago his health failed and he came to America to recuperate. He located in Cambridge, Mass., taking a course at Harvard, where he graduated in 1883. He then went to Yankton, S. D., where for five years he was in charge of an Episcopal church. His next cure was in Roselle, N. J., where he studied medicine besides doing his parish work. In 1897 he was graduated from the Eclectic Medical College, and at the time of his death was professor of Materia Medica in that institution. Since graduation he had practiced medicine, also keeping up an active interest in church work. At the time of his death he was in charge of Emanuel Church, Great River, Long Island.—The Eclectic Review.

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The death of Dr. William Harrison Hipp, a prominent Eclectic physician of Chicago, after a week's illness, has cast a gloom over his circle of associates. He passed away at his home, December 19, 1906. From the Chicago Medical Times we learn that Dr Hipp began practice in Benton Harbor, Michigan, but moved to Chicago in 1888. He quickly rose to prominence, and professional honors came to him thick and fast. He was soon appointed staff surgeon to Cook County Hospital, a position which he held till 1904, when his increasing duties compelled him to resign. He was also for some years attending surgeon to the Chicago Hospital and to the Bennett Hospital. As a teacher he was lucid, painstaking and practical, and almost any professorship was open to acceptance. He has occupied the chair of diseases of the nose and throat at Bennett; subsequently the chair of gynecology and surgery. For years he has been a member of the city, State and national

organizations. Perhaps the public position in which the doctor had greatest pride was his membership on the State Board of Health. In this developmental period of public sanitation, hygiene and health there has been needed wide-awake, as well as scientific men.

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## READING NOTICES.

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SODAVILLE, Ore., Nov. 5, 1906.

The Anasarcin Chemical Co., Winchester, Tenn.—I received a sample of Anasarcin Tablets some time ago, for which accept thanks. I have been a sufferer from heart trouble, difficult breathing, especially when ascending a height, also dropsy of the feet and ankles, for a number of years. Your suggestion of its therapeutical action indicated that it might be applicable in my case. I commenced their use at once, taking one tablet after each meal. I took no other medicine. It wrought wonders in my case; I am almost well. I have taken a great deal of medicine from time to time, but with little benefit until I took this. With my experience with these tablets I feel that they are entitled to all the credit that you claim for them. Your discovery of such a splendid remedy means much in the advancement toward a higher standard of medical remedies. It affords me great pleasure to recommend your Anasarcin Tablets to patients and the medical profession.

Respectfully,

D. M. JONES, M. D.

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Notwithstanding the Pure Food law, if behooves members of the profession still to be on their guard against the poison perils of Methyl Alcohol and Formaldehyde by eschewing common, commercial and unidentified "witch-hazels" having no tangible guarantee of purity, quality and strength when dispensed, and, as an effective provision against the dangerous possibilities indicated, to prescribe only a thoroughly proven article. The latter is to be found, for instance, in Pond's Extract of Hamamelis Virginica. For over half a century this sterling product has been the standard of purity, quality and strength for Aqua Hamamelidis (now official in the United States Pharmacopeia), and complies with all the requirements of the Food and Drugs Act of June 30, 1906, in the smallest as well as in the largest of the original packages in which it is exclusively offered.





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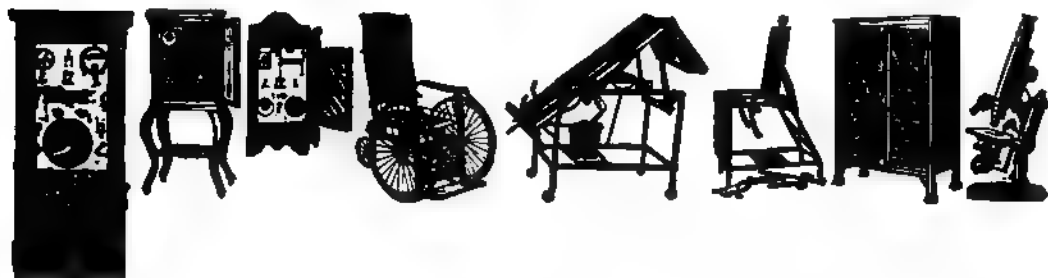
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# THE ECLECTIC CAL JOURNAL

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## Original Communications.

### SHOULD THE PEOPLE BE ENLIGHTENED IN MEDICAL MATTERS?

#### The Eclectic Practice of Medicine Explained.\*

By L. S. Downs, M. D., Galveston, Texas.

It is becoming more apparent every year to all observing members of the medical profession that enlightenment and education of the laity in medical matters is essential to medical progress and the elimination of disease. For seventy-five years the Eclectic school of medicine has endeavored to inculcate principles of reform and rational therapeutics among the people, while the dominant school has always questioned the wisdom of such measures.

In 1830 Dr. Wooster Beach, the founder of the Eclectic practice of medicine, became convinced that the then prevailing practice was wrong. "The present practice of physics and surgery," he said, "so far from being founded on correct principles, is actually a curse to society." He was met by opposition on every side by the profession. "My only hope for a reform in medicine," said he, "is the dissemination of our principles through the masses of the community." He wrote a book, "The American Practice of Medicine," and distributed it among the people, while copies of it were sent to the various sovereigns of Europe. No medical book ever written met with such popular favor. Kings and nobles from nearly every country sent him gold medals or documents of commendation. His Holiness, Pope Gregory XVI, responded with a gold medal. Baron Alibert, of the St. Louis Hospital in Paris, said: "It is a model of analysis and a masterpiece of medical experience." Professor Von Walther, surgeon to the King of Bavaria, wrote to Dr. Beach personally: "The work, so interesting and instructive, places you in the rank of the most celebrated author of our art." Hundreds

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\* Reprints of this article can be had at cost.

of learned men all over the world wrote personal letters commending the work.

In the United States, judges, literary men, members of the bar, and some of the leading physicians, wrote to Dr. Beach in praise of his book. Through obloquy, abuse and persecution, his followers have clung to and perfected the principles advocated by this great reformer, till Eclectic practice stands to-day as superior to that of the old school as did that of Beach to his contemporaries.

Benefactors of all ages have suffered for the promulgations of new theories. Bruno, who claimed that the world was round, was burned at the stake. Kepler, who advocated planetary revolution, was hounded from country to country. Galileo, the inventor of the telescope and a great philosopher, was confined to the dungeon of the inquisition and refused burial in sacred grounds. Margaret Jones, of Charlestown, Mass., was executed in 1636 for denouncing blood-letting and kindred medical practice, and because she treated the sick with vegetable remedies.

Intolerance, abuse and unjust discrimination are still manifest among certain physicans and schools of medicine toward others that do not believe as they do.

#### WHAT SOME NOTED MEN SAY.

Governor Crittenden, of Missouri, in a speech before the Legislature on Medical Codes, said in part: "The non-intercourse of the American Medical Association with other schools will be consigned to everlasting oblivion. One human life," said he, "is worth more than all prejudices of all schools of medicine from the days of Æsculapius to the present time."

Gladstone said: "A man ought to be as free to select his physician as his blacksmith."

The mayor of one of the leading cities of Texas, in a recent address before the State Medical Association, made the following startling statements: "I am thoroughly conversant with the methods of the various schools of medicine, and without prejudice or favor, I can conscientiously say that there is little of absolute worth outside of the Eclectic practice, and that most reforms and improvements in therapeutics in the last hundred years are due to the Eclectic school. Its teachings are along practical lines, and appeal to the good sense of the people, and the time is soon coming when all schools of medicine will be forced to accept and practice Eclecticism."

Prof. John Uri Lloyd, noted author, chemist and pharmacist, lately said: "The success of the Eclectic physician is an object-lesson to physicians of other schools. His remedies and his therapy are alike

precious heritages. He holds in his possession a mighty treasure heired from the fathers. If we are in a position to judge, and we believe we are, there never has been the general interest in Eclectic medicine that now prevails."

"The Eclectic practice is truly American in its origin, ethics, remedies and methods. The old system is foreign, with European principles and remedies which must ever prevent it affiliating with American ideas of tolerance — an exotic which never can be naturalized."—*J. R. Boland, M.D.*

Prof. A. J. Howe, M.D., one of the most prominent medical men of his day, said: "Progress is a feature of Eclecticism, hence we can have no fixed immutable authority in therapeutics. We make advances from day to day; no pent-up Utica contracts our powers. We claim independence of action, relying upon cultured common sense and a discriminating conscience for our guide. We need no ethical code except the Golden Rule. We concede to our competitors all the rights we claim for ourselves. Is this sectarian?"

"ECLECTICISM IN MEDICINE.—It may be proper in this place to define our position in the medical world, for if there be just grounds of difference from other schools, these will be found principally in the practice of the art. If there be such difference, it should be clearly understood, and enunciated in such form that it will be a guide in medical study.

"The name 'Eclectic' signifies 'to choose,' and the school which has assumed it claims the right to choose or select from all other systems of medicine whatever they may deem true and best adapted to the relief and cure of the sick. They not only claim that they have the right to choose, but that they have chosen the best from all sources. Now, if we have no rule of choice, no better or different rules to guide us in our selection than our fellows, then we are guilty of an insufferable egotism, and have no right to the name we bear.

"Other schools claim the same right of choice, claim that they also take the best from all sources, and that in this respect they are true Eclectics. What, then, has guided us in our selection in the past, and by what rule shall we be guided in the future?

"The great principle upon which Eclecticism is based is, that disease, wherever met and in whatever form manifest, is an impairment of vitality; that causes of diseases are depressive, and whilst they exist, lower vital power.

"The corollary from this is, that all agencies employed in the treatment of disease should act in one of two ways: repairing the depressing causes and increasing the vital powers for better resistance and subse-

quent restoration of structure and function. Guided by these principles, we discard all those remedies and means which have been classified as antiphlogistics. We not only reject bleeding, the use of mercurials, antimony, etc., but include as well the abuse of emetics, cathartics, diaphoretics and diuretics.

"It is not sufficient to say that we object to killing the sick by blood-letting and mercury, but we object to any remedy or agency when employed upon the same principle, and which injures the power of resistance to disease, and restoration to health.

"I profess no prophetic spirit, but I am as sure as that I live that these principles will form the basis of the practice of medicine in the future, and that all schools must sooner or later come to them.

"SPECIFICS IN MEDICINE.—While I do not believe that we will have specifics according to the general acceptation of the term—that is, a single remedy for the cure of a disease according to our present nosology, *i. e.*, a remedy to correct inflammation of the lungs, a remedy for pleurisy, a remedy for dysentery, for diabetes, for rheumatism, etc.—I am satisfied that the medicine of the future will consist of specifics for pathological conditions. Even now (1870) the whole tendency of medicine is in this direction, and we have quite a large list of remedies which are positive in their action, and which, diagnosis being correct, will always give the same results."—*Prof. J. M. Scudder, M.D., in Eclectic Practice of Medicine.*

"PROVE ALL THINGS IN MEDICINE, AND HOLD FAST TO THAT WHICH IS GOOD.—It is not in accordance with Eclectic precepts and teachings to assume an arbitrary authority in any matters connected with the science of medicine; it is the right—it is the imperative duty of every physician to thoroughly and impartially investigate every subject connected with his profession, no matter by whom presented. He can not, with any degree of justification, attach his medical faith to the sleeves of any man—he alone is responsible for the health and lives of his patients; and, after a fair examination of medical matters, it is equally his right and duty to pursue those views and measures which he has decided to be correct. This is American Eclecticism, and that physician only who rigidly and honorably follows this plan is the true Eclectic."—*Prof. John King, M.D., American Obstetrics, 1875.*

"A SINGLE INDICATION AND THE ONE REMEDY.—By a diligent study of our remedies, we find that each remedy has a special or general affinity for structures, parts or organs, and as we have used these agents, and watched the special action of the agent upon the part that, under

given conditions, the action of the agent upon the part or organ is constant, certain and reliable. To illustrate: Ergot produces contraction of the unstriated muscular fiber. It thus influences capillary contraction and relieves capillary congestion. The long train of symptoms which appear when such a condition is present are a flushed face, racking headache, restlessness, tremor, cold extremities, threatened cerebral hemorrhage and apoplexy, threatened convulsions, delirium.

"Why give several different remedies, complex and bad-tasting formulas, for the symptoms named, when five drops of ergot every hour will promptly and satisfactorily relieve the entire train of symptoms in a few hours? Here is a direct medication — a single remedy to a single condition promptly relieving a long train of symptoms.

"In the course of our study we have endeavored to acquire so perfect a knowledge of drugs that we may be enabled to meet a single indication, whether that indication is simple or composite, with a single drug. We are yet a long way from perfection, but our knowledge is constantly widening, and our confidence in the action of organic remedies is increasing so rapidly that we feel assured that close study will soon enable our followers to place therapeutics upon the basis of an exact science.

"Our marvelous success, our rapid advancement in recent times, and the confidence established in our entire branch of the profession by the invariable action of our remedies, increases our assurance of success and ultimate outcome."—*Finley Ellingwood, M.D., in his Materia Medica and Therapeutics, 1898.*

"THE CAUSE AND HOPE OF ECLECTICISM.—The new movement, of which the present American Eclectic School of Medicine is the outcome, it will be seen, was called into existence by the exigency.

"Its aim was to realize the wants of the times and to employ intelligently the means for satisfying them. It encountered much opposition, like preceding attempts at reformation in different spheres of activity. There was a conflict which lasted for years, and there was gained by it the constitutional rights to which the citizen is considered to be entitled, yet there remain further advances to be made that are of vital importance. Equal opportunity and impartial justice are unconditional when real freedom exists.

"There exists a purpose to smother the Eclectic school by strict silence in relation to its practitioners and by a studied ignoring of its existence. Even the compilers of the encyclopedias, with one honorable exception, have pandered to this object by excluding any full or even just account of the school, its essential doctrines and literature. It is

in the province of every one; it is accordant with the genius of Eclecticism in medicine, and it has been repeatedly avowed and pledged to make every effort to carry forward the medical art to greater accuracy and perfection.

"The taint of selfishness enfeebles noble exertion and dishonors every motive. It causes the individual to lag behind whenever he aims only or chiefly to secure personal profits. Nor is it innocent to place obstructions in the way of others. One course is obvious to us: to cherish an invincible faith in the good and the true; to seek for knowledge as the most precious of treasures; to maintain our purpose resolutely and persistently. In this way only can Eclectics establish the right to the front rank in the profession of healing, as well as to realize the highest ideal of the physician, a priest of nature and interpreter of her holiest mysteries."—*Alexander Wilder, M.D., in History of Medicine.*

"OUR BELIEF AND AIM.—We believe, first, that in the normal condition all the various functions of the body are performed in a natural manner and afford a certain amount of pleasure to the individual. Second, that any departure from the normal standard will produce disease, and that this disease will be more or less severe, according as the deviation is more or less intense. Third, that the various divergences from health will produce certain indications which are the guide to correct medication. Fourth, that if the proper drugs are administered, the result will be a tendency toward the normal condition. Fifth, that the province of the physician is not to cure diseases, but to assist nature to recover from the effects of the disobedience of her laws. Sixth, that when we have established the action of a remedy, under a certain condition, we have produced a result which can be depended upon any time, no matter what the departure from health may be called.

"From the birth of Eclectic medicine its adherents have devoted a large part of their time in enlarging and developing the powers of the drugs which they prescribe.

"They can point with a commendable degree of pride to what they have achieved along these lines. Indeed, the Eclectic Materia Medica is the one grand reason for their existence to-day, and supreme motive for their continuance in the investigation of their chosen field."—*Pitts Edwin Howes, M.D., in Vermont Medical Journal, 1906.*

Eclectics were accepted as surgeons in the Confederate Army, and such men as Alex. A. Stephens, Governor Joseph Brown, General Robert H. Toombs, and many others equally as prominent, were patrons of Eclectic physicians.



A TRIUMPH FOR ECLECTICISM.—It has just been made public that in the will of the late Surgeon-General of the English Army, James Walker, he has given \$30,000 to the Lloyd Library (an Eclectic institution of world-wide renown), and what is of far more value than the cash bequest, the entire library owned by this distinguished surgeon and student scientist. General Walker's collection of books, manuscripts and documents of private researches is known to scientific men as one of the most valuable private collections in the world. This is not only remarkable, coming from a highly-honored and noted "Regular," but the request that the money be expended in demonstrating the specific action of medicines shows him a true friend of Eclectic principles.

One of the very best evidences of the true worth of Eclecticism is the fact that all who practice it believe in the efficacy of medicine, while many of the leading physicians of the old school have little or no faith in medicine. Dr. Osler, one of the leading authorities of the regular school to-day, said recently: "As we get more sense, dosing will be recognized as a very minor function in the practice of medicine."

"I am a regular physician of medicine, and with the advent of the new National Dispensatory and the new text-books, I hoped to find a cure for pneumonia, but not so. I have, therefore, decided that the 'regular' profession of medicine has no remedy for pneumonia. Somebody is wrong and in error, and I do not care who."—*J. N. Meyers, M.D., January, 1907, in Alkaloidal Clinic.*

"That the mortality in pneumonia has progressively increased during the last fifty years, notwithstanding the great advancement that has been made in the knowledge of the disease and the sanitary measures that have been adopted to prevent the spread of the same, and notwithstanding that the physician of to-day is far more skillful in diagnosing diseased conditions than those fifty years ago, the profession at large faces the awful and humiliating fact that the mortality on this disease has more than kept pace with its advanced knowledge in etiology, pathology and diagnosis, till pneumonia has passed the dread 'white scourge' tuberculosis, and stands at the head of the list, at least of acute diseases, as being attended with the largest mortality of any affecting the civilized races. \* \* \*

"*Treatment.*—While we do not sanction the treatment of fifty years ago, in fact, we are compelled to say it was very bad, very bad, yet it was so much better than that used by our regular friends of to-day, and was attended by a smaller death rate, that candor compels us to compare the two methods with their results. \* \* \*

"The first thing that the physician of fifty years ago did when called

for a case of pneumonia was to open a vein and bleed, the blood being allowed to flow till the respiration became easier and deeper and till the flush left the face. Not infrequently gentle respiration followed. The amount of blood was not considered; it was the effect that was desired, and it might be ten or twenty ounces. \* \* \*

"When there was an extension of the disease, a second venesection was resorted to, or wet cups and leeches applied, followed by fomentations and the blister.

"While the treatment was heroic and almost barbarous, it did lessen the engorgement and often modified the exudation in patients who possessed strong vitality. True, it was depressing and devitalizing, and only the robust could stand the combination of a depressing disease and depressing treatment. The feeble succumbed and the mortality under this antiphlogistic and unpleasant medication was so large that it was vigorously fought by the early Eclectics and Homeopaths, till it was reluctantly dropped and a more humane but less efficient method took its place. \* \* \*

"The regular treatment of fifty years ago, which, though not good, has steadily grown worse; and though habits and environments must share some part in the responsibility in an increased mortality, by far the greatest factor is the treatment, which has grown less efficient with each passing decade, till the twentieth century witnesses the awful and humiliating fact that the mortality of pneumonia is greater than at any time for the past century.

"As soon as the profession lays aside its prejudice to the new schools, studies the therapy of such remedies as aconite, veratrum, asclepias, lobelia, ipecac, bryonia, sanguinaria and a few others, with the proper size of dose and the specific indications calling for each, and when it abandons the indiscriminate use of stimulants, the ice cradle and ice packs, then will mortality begin to decline, and in the place of a death rate of from 25 to 40 per cent., we will find it reduced from 3 to 5 per cent."—*R. L. Thomas, M.D., before the National Association, 1906.*

MODERN ECLECTICISM.—To diagnose a disease and select the proper remedies is the stumbling-block of the medical profession. No two doctors will diagnose a disease exactly the same. How unsatisfactory, then, must be the treatment of a disease by name!

In all diseases there may be similar symptoms, but in no two individuals are all the symptoms of the same disease alike, but a similar symptom may be present in any disease. No remedy, therefore, can cure like diseases in different individuals, but a remedy that will cure a certain symptom or disease condition in one person will cure a like

symptom or condition in any other person, no matter what the name of the disease may be. The Eclectic physician treats symptoms or individual pathological conditions, not diseases. Each remedy is given for its specific indication or known therapeutical value or use. One remedy for the one predominant symptom is the only scientific and logical mode of treating disease.

In specific diagnosis and medication, each part or organ is taken up separately, and every disease, expression or condition given, and the one remedy named that is known to relieve or cure each of these symptoms or pathological conditions. Example:

SPECIFIC DIAGNOSIS.—*The Tongue*.—"Let me see your tongue," says the doctor, and about all the average physician learns from it is, that the tongue is coated, and the patient is, therefore, "bilious," and the liver must be "tapped" with calomel. In specific medication the tongue means a great deal. I will give here a few of the disease expressions of the tongue.

A red tongue is evidence of too much alkali in the blood. The red, dry tongue, or the "strawberry" tongue, is found in inflammation of the brain, lungs, or lining of the stomach and bowels. A pointed tongue, red at the tip and edges, shows irritation of stomach and bowels. With a dry streak in the middle, red clean or slick and glossy, indicates typhoid condition or grave intestinal and brain lesion. The darker the hue, the greater the blood poisoning. The pale tongue is evidence of blood depravity and nerve and general depression. The lead-colored tongue shows mortification and approaching dissolution. A blue tongue shows evidence of impaired circulation of the blood. A moist, clean tongue denotes returning health. A dry, parched tongue is a grave symptom, and indicates disease of some vital organ.

The coating of the tongue indicates much. A heavy coat at the base means a foul stomach and bowel. A yellow coating indicates a liver engorgement. A broad, thick, coated tongue shows loss of vitality and functional activity. The coat may be a dirty white, dirty brown, dirty yellow, but the dirty, filthy, slimy, foul tongue shows filth, and calls for antiseptics and cleanliness. A coat on the tip of the tongue means lung diseases; a one-sided coating shows paralysis or disease of the opposite side. A fissured tongue means kidney and stomach lesions. The narrow, thin, pointed, pinched, shrunken tongue tells us of a loss of tone and vitality of the digestive organs—starvation. Trembling and inability to protrude the tongue shows grave brain lesion.

*The Eye*.—The eye symptoms are marked and very suggestive of certain diseased conditions, and the proper remedies for relief and cure.

A bright, sparkling eye shows excitement of the nerves and circulatory system. A wild expression of the eye means disturbance of the sympathetic nerves. A contracted pupil is evidence of brain pressure or irritation. A dry, burning eye indicates fever and acute inflammation. A warm, moist eye denotes returning health; a cold, moist eye, death. Growth over the sight of the eye denotes kidney disease; specks before the eye and blindness denote stomach derangement. A dull, expressionless eye denotes loss of strength and vitality. A sleepless eye means derangement of the nervous system. A red eye denotes fever and inflammation. A mild, pale eye means impaired vitality. A pale blue eye shows physical weakness and timidity. A black, piercing eye denotes strength of will and nervous force. A small, piercing, deep-set eye denotes physical strength. A large, protruding eye denotes physical weakness. A restless, evasive eye shows deceit and lack of courage. A stern but pleasant, immovable eye shows courage, candor and will power. A squinting, weak eye denotes physical depravity. Dilated pupils mean a lowered vitality and depressed nervous system. A yellow tinge to the white of the eye means glandular derangement and disease of the liver or spleen. A downcast eye denotes humility and timidity. A laughing eye denotes health. A wild, vicious eye denotes brain lesion. Inturning or rolling of the eye shows derangement of the stomach and brain complication. A cold, glassy eye denotes death; a stare means mental impairment. A drooping eyelid shows weakness.

**SPECIFIC MEDICATION.**—A full, bounding pulse calls for veratrum; a small, rapid pulse, aconite. Bright eyes, contracted pupils, call for gelsemium; a dull eye calls for podophyllin. A thin, pointed tongue, ipecac; red at the tip, rhus. A broad, thick tongue, coated white, calls for soda; if the coat is yellow, give nux; if the tongue is red, give acids, or light in color alkalies, and so on.

Long, arduous toil and experiment by the Eclectic school of medicine have fully demonstrated that nature has a remedy for each disease condition. It makes no difference what the name of the disease may be, if the remedy is indicated by certain definite symptoms or disease expressions, it will cure. If the disease is pneumonia, with full, bounding pulse, skin hot and dry, with high fever, veratrum will cure; with a soft, weak pulse, cold, clammy skin, with difficult breathing, lobelia is the remedy; if the pneumonia is attended with a cough and pain, asclepias is added.

If the tongue is broad, full, and coated a dirty white, sulphite of soda is the remedy; if the coat is yellow, nux is called for; if the tongue is red and pointed, give ipecac. If pulse is sharp and wiry, rhus. A

dry, hacking cough, with pain, calls for bryonia. A bright eye, with contracted pupils, gelsemium; cold, expressionless face, with stupor, calls for belladonna. With proper baths, food and care, specific medicine, if used in time, will cure pneumonia or any other curable disease quicker, more scientifically and satisfactory than any other known method.

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### RADEMACHER'S ORGAN REMEDIES.

By A. A. Ramseyer, M. D., Salt Lake City, Utah.

A number of my medical friends have been interested in the writings of the celebrated German physician, Rademacher, whom our distinguished writer, Dr. Wilder, in his "History of Medicine," terms "the great German Eclectic." The editor has suggested that I prepare an abbreviated translation of a portion of Rademacher's work, covering his "Abdominal, Hepatic and Splenic Remedies."

I consider this matter very valuable, providing one will bear in mind that Rademacher would be considered a poor pathologist according to the standard of to-day, but he was a good therapist, and his book contains many valuable points. His works have never been translated *in extenso*.

Probably his writings might appeal more strongly to Homeopaths than to Eclectics. I have undertaken this series of articles, however, in the hope that a sufficient number will be interested in them to justify their being reprinted in book form at a subscription price of possibly one dollar. After you have read several sections, I wish you would correspond with the editor of this journal and let him know if you would be willing to subscribe for the book on its completion.

### ORGAN REMEDIES.

In many cases the primary affection of organs can clearly be detected by some signs, but in other cases it is not so clear, and again in some cases it can not be done. What we see are sympathetic \* affections, which do not indicate the primarily affected organ. Hence, if we want to get acquainted with organ remedies, we must seek instruction from those affections where it is clear that the organs are primarily affected. As I shall show in the following pages, there are cases where we see with our eyes and feel with our hands the diseased organ, and yet what we see and feel is merely the sympathetically-affected part; the primarily-affected part is still hidden. For this reason many errors arise in medicine.

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\*Consensual" is the term used by Rademacher; the word sympathetic is used instead as being perhaps better understood.—Translator.

ABDOMINAL REMEDIES.—*Mary's Thistle Seed*.—*Semen Cardui Mariæ* (or *C. Mariani*).—I must speak first of two remedies which act beneficially upon both the liver and the spleen; one of these is *semen cardui Mariæ*. At the close of last (the eighteenth) century I saw a woman cured of chronic pleurisy by this obsolete remedy. A plain farmer had recommended it. Having treated her without success, with all I had learned in school, I was puzzled. I thought the seemingly ineffective remedy which I used in some painful affections of the chest worthy of consideration; but as it proved of no efficacy, I forgot it.

But some eighteen or nineteen years ago I was called to help a woman who, while living in Holland, had several times suffered of chronic vomiting, the cause of which was not known to her Dutch physician nor to me. The vomiting lasted some seven or eight weeks, then bye-and-bye ceased of its own accord, without any one being able to claim that the remedies administered had contributed in the least to its disappearance.

Her present sickness did not consist in vomiting, but in bellyache. Although the whole abdomen was painful, the pain was especially felt in the vicinity of the cæcum. All things considered, I took it for a sympathetic affection of the intestines, depending upon a primary affection of the liver. It was uncertain whether gallstones or induration of a portion of the liver was present. I had then a rich experience in chronic and acute liver affections, but in the present case it did not help me any. The pains and the cramps remained the same; a slow fever arose, and although the urine remained normal, the face took a dirty, yellow color; sleep was entirely absent, and the emaciation became so great that nobody had the least doubt but what the woman was suffering from consumption and was lost.

In this extremity, being at the end of my wits, yet urged to help, I bethought myself of a passage of E. Stahl's dissertations. He praises the *semen cardui Mariæ* as very beneficial in those forms of pneumonia which accompany bilious fevers. I considered as a mere academic idea the supposed sub-inflammation of the lungs, against which he claims to have used this remedy with benefit. In my mind, his pure experience was that he had used *semen cardui Mariæ* in liver diseases, and with it had removed, better than with other remedies, sympathetic lung affections, which, as is well known, are not rarely associated with them; therefore, I thought, it is probable that *semen cardui Mariæ* exerts a curative influence upon the liver, and not upon the lungs.

I ordered a decoction of the seed made, and had the patient take a spoonful of it every hour. The effect was magical; the pain and the



cramps diminished from the very hour, and the sick woman recovered through the continued use of this simple decoction.

From that time on I never left the remedy, and have convinced myself more and more that no other can take its place. It is a very important remedy for the sympathetic blood-spitting which is not seldom associated with chronic affections of the liver and of the spleen. In all our medical armamentarium there is no remedy which so soon and so certainly disposes of this symptom, so alarming to the patients. In the frequently-occurring hepatic fevers, which are accompanied with pleurisy, cough and blood-spitting, I know of no remedy which equals this one. With it I have stopped metrorrhagias, which were sympathetic with a liver affection, and dangerous nose-bleed, which were depending also upon an affection of the liver or of the spleen. Once only I cured with it a case of jaundice, which had been aggravated rather than ameliorated by other good liver remedies. It was recent, and associated with bellyache and a moderate diarrhea. Sometimes sciatica also, as a sympathetic ailment of the sciatic nerve, depends upon a primary affection of the liver or of the spleen, in which case it yields to the *semen cardui Mariæ*. With it I have removed many chronic coughs, which, depending upon primary affections of the liver or of the spleen, had often resisted the various remedies of orthodox physicians. I will here once for all remark, for the sake of younger readers, that in blood-spitting as well as in coughs, when they depend upon a primary affection of the abdomen, it is well to look to whether chemically acrid matters lay in the intestinal canal; if this is the case, no abdominal remedy performs what is expected from it. But further on I shall speak of the removal of acrid matters through chemical neutralization or through evacuation.

Now, a word about gallstones. There is no remedy like *semen cardui Mariæ* in allaying an attack of gallstone colic. A severe bellyache is, no doubt, not the least of the troublesome symptoms. Here the physician is expected to help, and that at once; but how can he help if he does not know the primarily-affected organ? Really, I do not know. In general, in all abdominal pains, whether called gastralgia, colic, or anything else, it is wise to observe the place where the last twinge of pain manifests itself; here is mostly the primarily-affected organ to be found.

The pleuritic pains, accompanied with cough, bloody expectoration and violent fever, is likewise a symptom of gallstones, on account of which a physician who is called to treat strangers may be led to make serious mistakes.

I must now speak of the form in which *semen cardui Mariæ* can be

administered. It must not be given in emulsion; in this form it accomplishes nothing, as the virtue lays not in the meal, but in the integuments. As a powder it is efficacious; of this, a small teaspoonful may be given four or five times a day. But if the druggist leaves the covering membranes on the sieve, in order to obtain a very fine powder, and gives merely the meal to the patient, little efficacy may be expected from this. A powder, to be active, is never very fine, for the integuments of the skin are hard, and can not well be powdered.

A second form of administration is the decoction. To make it effective, one ounce, or half an ounce, of the seed must be triturated in the mortar, and boiled in sixteen ounces of water down to half its bulk. The patient is to take a spoonful of this decoction every hour. If the seed is not sufficiently boiled, the decoction is more or less ineffective. The decoction has the disadvantage, too, of easily becoming sour, on account of the meal it contains; hence it can not be used more than one day, especially in warm weather. To avoid this, I have often made use of the tincture. The dose is from fifteen to thirty drops five times a day, taken in half a cup or a whole cup of water or milk. If diarrhea exists in connection with the liver or spleen affection, the dose must be much smaller. In such cases, where the sympathetic diarrhea gives the proof of a great increase of the primary affection, large doses accomplish nothing. Only small doses of four, three, two, or even one drop, four or five times a day, do any good.

[To be Continued]

## PNEUMONIA AND ITS TREATMENT.

By B. F. Felix, M. D., Cerulean, Ky.

During the last four or five months I have treated eight cases of pneumonia, three adults and five children, ranging from four to thirteen years of age. I will say, and not boasting at all, that each and every one of them were cured so easily, with specific veratrum, bryonia, aconite, gelsemium, asclepias and kali. mur. 3x, each as indicated, that some people were disposed to doubt my diagnosis as being correct. The first and worst case I had was a young man twenty-two years of age, who was taken with a chill October 25, 1906, which lasted three or four hours. I was called to see him October 26th; found him with a temperature of  $103\frac{1}{2}^{\circ}$ ; pulse, 120; respiration, 35; severe pain over entire chest; coughing some; expectoration scanty and streaked with blood; position on his back. His temperature soon went up to  $104^{\circ}$ , and everything indicated that he was a very sick man. I was a little uneasy as to the outcome of the case, as his health had never been the very best. However, I put him on the following prescription:



R.—Specific veratrum, gtt. xv ; specific bryonia, gtt. x ; aqua,  $\bar{3}$  iv. Mix. Sig.: A teaspoonful once an hour.

Also directed hot, dry cloth to chest. When I made the next visit, on the following day, I found him quite restless ; had not slept any, or but very little ; his temperature was  $104\frac{1}{2}^{\circ}$ . I put him on the following :

R.—Specific gelsemium ; specific asclepias, aa gtt. xx ; aqua,  $\bar{3}$  iv. Mix. Sig.: A teaspoonful every two hours.

I ordered it to be given hour about with the veratrum and bryonia. I continued the above as long as the temperature remained above normal. On the fifth day I also put him on kali. mur. 3x, five grains every three hours, to clean the white-coated tongue and promote expectoration. It helps wonderfully to clean up a hepatized lung ; in fact, kali. mur. 3x and bryonia was all he had after the seventh day.

Now, I treated each and every one of the eight cases with specific medicines along these lines, changing the medicine to suit each individual case as indicated. With my cases among the children I used, say :

R.—Specific aconite, gtt. v or vi ; specific veratrum, gtt. vi or x ; water,  $\bar{3}$  iv. Mix. Sig.: A teaspoonful once an hour.

If their temperature went to  $104.5^{\circ}$ , and delirious, I would alternate with, say :

R.—Specific gelsemium, gtt. xx ; specific hyosciamus, x ; water,  $\bar{3}$  iv. Mix. Sig.: A teaspoonful until quiet.

With every case of the little folks I had the malady under control by the sixth day, and, as old Professor Howe once said before the clinic, I gave every devilish one of them *veratrum*, and every one of them kali. mur. 3x, commencing the fourth or fifth day. Some of them had a very badly coated tongue and foul breath and needed cleaning up, and they got it without any hesitation. I think I gave one or two of them a little specific cactus grand along about the sixth day.

Now, here are some don'ts to remember in your pneumonia cases :

First—Don't commence whipping up the heart with this, that or the other heart tonic just to be doing something. Better lighten your load. You might need the heart to help you at a time when it is tired down.

Second—Don't, for heaven's sake, give your pneumonia patients acetanilide or acetanilide compounds, most especially during the winter months, when the roads are too bad and weather too inclement to bury them.

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A persistent elevation of temperature after a radical operation for mastoiditis should lead one to suspect the possibility of a complicating brain abscess. If the fever shows wide fluctuations of temperature, a sinus thrombosis is more probably the cause.

## DIAGNOSIS.

By Geo. E. Dash, Cincinnati, O.

The practice of medicine is rapidly undergoing an evolution; it is changing from an art to a science, and empirical methods are giving place to methods of scientific precision. As Eclectics, success far exceeding our expectations has come to us. Yet we are at a crisis in our history, a point at which each and every one of us must exert himself to greater effort for the sake of himself and the sake of the school.

We have a system of drug administration that is ideal, one which in competent hands will work wonders, and likewise one which in the hands of the superficial or careless will not do all that is claimed for it, and reflect discredit on the school which advocates it. We speak of the system of "specific medication" and "specific diagnosis."

There seems to be a mistaken idea that specific diagnosis is a system to simplify diagnosis; that with this system it is not essential to know the name of a disease, and that with the "indications" for remedies well in hand, the physician can practice medicine successfully, regardless of his knowledge of disease and disease expression. Diagnosis in its broadest sense is not the mere application of a name to the condition existing; it implies a thorough knowledge of the condition of the patient, of the exact degree and character of his departure from the state of health. It implies then, first, a knowledge of the cause; second, of the exact pathological changes which have taken place in the tissues or organs affected; and, third, the methods which Nature adopts to restore health. The indications for treatment are then apparent: First, remove the cause, or if not possible, adopt such actions as will counteract its direct effects; second, counteract as far as possible, without interfering with Nature's methods, the pathological condition which exists; and, third, assist Nature in the method she uses to overcome the disease.

We believe that much of the adverse criticism of Eclectic methods is justified in the careless examination of their cases made by some of our school. They see the indications for the remedy so apparent that they fail to go deeper in the case. They fail to realize that the modern practice of medicine is not the mere administration of remedies, since they play only a minor part. In a recent case, the typical indications for gelsemium were clearly evident on first examination. On further examination a tympanitic note over the abdomen was obtained, showing a deficiency of peristaltic action; a tenderness and a dullness in the region of the splenic flexure of the colon. A high enema brought away an almost incredible amount of grape skins and seeds, and the symptoms disappeared as if by magic. What a dismal failure the gelsemium would have made! Yet the indications were classical.

The essential for success in medicine, as in everything else to-day, is thoroughness, whether it be in preparation, equipment, or in our manner of dealing with patients. The physician who is thorough in his examination, in his understanding of the case, in his knowledge of the remedy, both its beneficial and untoward effects, is the successful physician to-day. The terms malaria, rheumatism, dyspepsia, are obsolete, and hold no place in medicine. Diagnosis, as a thorough understanding of the case, is *the* essential; a clear understanding coupled with a thorough knowledge of materia medica, and the application of these remedies along the rules of specific medication, will result in as near a perfect practice of medicine as is possible.

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### PROGNOSIS AND TREATMENT OF DIPHTHERIA,

By A. J. Kemper, M. D., West Millford, W. Va.

Diphtheria, like all other diseases, has its variety of methods of treatment. It may seem a little egotistic for me, as an infant in the medical profession, to make bold to dictate to the medical fraternity what course to follow under such grave conditions as confront the physician when he encounters a severe and well-developed case of diphtheria. But please don't understand that I consider my treatment the only common-sense and successful method of ridding mankind of this dread malady, but give it as one that, to me, has been pleasing and gratifying in its results.

This disease is many times looked upon as a local rather than one of general infection. It is true it has a local manifestation of the infection, but the fact is, it is no more a local disease than syphilis, which makes its local manifestation by a chancre; no more so than typhoid, which manifests itself by an ulcerated bowel, or pneumonia, which has the lung for its starting point. All the above have their selective point of disturbance, but the fact can not be denied that each disease has its constitutional effect. And the physician who treats any of the above-named diseases (as well as many others) as a local disease will sooner or later arrive at the conclusion that things are not what they seem, and that medical science is a fake.

I shall not say anything as to the diagnosis, symptomatology, etiology or pathology of diphtheria, but wish to dwell on its prognosis and treatment as I see it.

*Prognosis.*—The day was when swabs, gargles and poultices constituted the main line of treatment. Then it was very common for many families to be left destitute of children, and even many grown people had to succumb to the fatality of this much-dreaded disease. But we

are pleased to know that modern research has enabled the medical fraternity to reduce this rate of mortality very much. It is true, indeed, that there are a great many uncertainties connected with the outcome of the disease. Things may look good to-day and alarming to-morrow. We should, therefore, be very guarded in our prognosis, giving the family and friends to understand that, although the present conditions may look flattering, there are many complications that may follow that would render things much more unfavorable. The extent of the infection, the time of beginning treatment and the age of the patient has much to do with the outcome. But, happily, children under six months of age are rarely attacked.

Some of the fatal complications that may follow are: Diphtheritic paralysis, pneumonia, laryngitis, uræmia and myocarditis. If any of the above complications should develop, the condition is much more grave.

But, as previously stated, modern investigation has had much to do in cutting down the rate of mortality in this disease from 40 or 50 per cent. to 2 or 3 per cent. When we contrast that rate of mortality with what it is under the modern methods of treatment, we are led to exclaim: "Blessings on the man who first discovered antitoxine!" Now, some will probably say that the writer has used antitoxine in a few cases and has jumped at the conclusion that it is the only remedy in diphtheria. To the first I plead innocent, but to the latter I am frank to say, I'm guilty. For if there is any one remedy that, in my mind, is indispensable in the treatment of this disease, it is antitoxine, for I believe it will cure more cases than anything known to the medical world. I know the medical profession is divided as to the advisability of using and the virtue of this agent, but in many cases this opposition is due to a lack of individual liberality, and not any positive evidence that it does not do what is claimed for it. I was slow to take hold of it, and made it a point to interrogate older physicians, in whom I had unlimited confidence, to learn what results they had gotten from its administration, and to my surprise I've never yet had anything but words of praise for it. The fact is, I've never heard any one condemn it, except those who have never used it.

The following statistics, as gleaned from an authentic source, will show more clearly what effect antitoxine has had on the rate of mortality: From October 5, 1895 (the date of the first administration of antitoxine by the department), to February 28, 1899, a total of 6,343 cases of diphtheria were visited by the Chicago inspectors. Of this number, 4,311 were bacteriologically verified as true diphtheria, and 4,076 were treated with antitoxine. Results show 3,795 recoveries out of 4,076 treated by the department. There were 276 deaths, and five

cases were still under treatment at the close of February, 1899. The figures of recoveries, 3,795, and of deaths, 276, give a mortality rate of 6.7 per cent. in 4,071 cases of bacteriologically verified diphtheria treated with antitoxine. In 355 cases treated on the first day of the disease, there was only one death, a mortality of 0.28 per cent.; in 1,018 cases first treated on the second day, there were seventeen deaths, a mortality of 1.67 per cent.; 1,509 cases first treated on the third day, the mortality was only 3.77 per cent.; on the fourth day 11.39 per cent., and on the fifth day 25.37 per cent., showing the great necessity of its early administration.

Some physicians condemn it, claiming that very unpleasant sequelæ follow its administration, such as swelling of the joints, albuminuria, paralysis, etc. But is it not a fact that such complications as these are frequently seen in cases that have never seen a dose of antitoxine? Then we should not hold a remedy responsible for conditions that we have, whether it be used or not. And, again, who is it that holds it responsible for such sequelæ? Is it the physician who uses it twenty-five to fifty times a year, or is it the one who resorts to it when all other remedies fail? We are inclined to think you will find it to be the latter.

The writer does not hesitate to say that he now uses it in practically all his cases, and has as yet to see any unfavorable results from it. I use it even where my suspicion of diphtheria is strong and my diagnosis uncertain.

*Treatment.*—My treatment is not long or complicated, nor do I think it need be. First, put patient to bed in a warm but well-ventilated room. Give liquid diet only. Cleanse the alimentary canal by giving from two to four grains of calomel, and follow by a saline. Keep the bowels moving about every thirty-six hours thereafter. Administer a good-size dose of antitoxine (3,000 to 6,000 units, depending on the age of patient). At same time give the following internally: Specific phyto-lacca,  $\bar{5}$  i; specific aconite, gtts. xv; specific belladonna, gtts. xii; echa-folta,  $\bar{5}$  iv; aqua, q. s.  $\bar{3}$  iv. M. Sig.: Teaspoonful every one and one-half hour.

Other remedies may be called for, such as sodium sulphite, hydrochloric acid, baptisia, gelsemium, strychnine, etc., but the above prescription is usually my starter.

Spray the throat thoroughly every two or three hours with a 25 to 50 per cent. solution of hydrogen peroxide. If the disease should affect the nasal passages, disinfect them by the same method.

And if you get the results that I've usually gotten, twenty-four to forty-eight hours will reduce pulse rate from 100 and 110 to 84 or normal, the temperature from 102 or 103 to 99 or normal, the throat

cleansed and patient doing o. k. In some severe cases, a second or even a third dose of antitoxine may be necessary, but not very frequently, if used within the first twenty-four hours and in good-sized dose.

Great precautions should be taken to thoroughly cleanse the surface where antitoxine is to be injected, or some local sepsis may follow.

My method of preparation and administration is as follows: Locality, in glutei muscles; cleanse parts by first scrubbing with soap and water, followed by carbolic acid solution, and this by pure alcohol. The carbolic acid serves two purposes: first, it is an antiseptic, and, secondly, it is a partial local anesthetic. The alcohol also answers two purposes: first, it cleanses, and, secondly, it counteracts any poisonous effect of the carbolic acid if used too strong.

Mulford's antitoxine syringe is probably the most convenient on the market. Injection should be made very slowly, lest some of the subcutaneous tissues be ruptured and ulceration follow. After withdrawing needle, apply about one drop of pure carbolic acid to needle puncture; wait a few moments, and apply alcohol to same point. I've used the above method in quite a number of cases, and have never as yet had anything more than slight pain, redness and œdema to follow.

If any reader of THE JOURNAL has any correction or suggestion to make, I hope he will feel free to say his piece, for I am always standing for correction, and glad to receive and weigh any suggestions that may be offered.

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### ENTERO-LITHIASIS.

By **Benj. L. Simmons, M. D., Granville, Tenn.**

Doubtless the writer would not have imposed the present paper upon the readers of this journal had he not again been reminded of the existence of enteroliths. Enteroliths may be mere intestinal concretions composed of hardened feces, or they may be calcareous. In the rush for nomenclatural lesions, many pathologic states of importance are passed unobserved. The nosologic distinction, the bacterial origin of the same, and the proper serum engage in some quarters all the attention. This bacterial causal factor in disease production should certainly be received cautiously.

But I am on enteroliths. Some years ago I was upon the same subject. I had a patient, an old lady of sixty-five summers, possessed of an agglutinated mass of enteroliths. In this case the agglutinated ball, the size of a very small egg, apparently began its existence in the right iliac region, resulting in paresis of right thigh and leg. The mass gradually migrated until it appeared to the internal sphincter *ani* muscles.



Here it demanded egress, but the sphincters in a spasm after spasm resisted the process. Only after forceful dilation of the sphincters and crushing the agglutinated mass did relief follow. I could report other cases of less importance along the same line, but I defer to the present case any other.

The present case is a lady, married, and has, perhaps, given birth to nine or ten children. She is about forty-five years of age. Constipation is an attendant, and with it she has been associated for years. Only during last pregnancy and since delivery, about six months ago, has patient observed these enteroliths. She passes sometimes small ones — "*very small ones*," in her expression, but she is most always forced to insert finger into rectum for removal of them. With this patient the severe coccygodynia, sometimes intense, announces the presence of these products. The neuralgia, more or less severe, is ever present. Her skin is rather muddy, and general health is not of par value. Her heart action is not always good, and she is sometimes in dread of ominous evils. In other words, this patient is not so self-composed as general good health would insure.

It might be asked whether enteroliths were an evidence of pathologic wrongs? The writer feels sure that such is true. Why not? Do you know any reason for the contrary? If so, give it, and "let the light in."

The *causal factors* in the production of this morbidity are numerous. Among the causes might be mentioned indigestion, constipation, dietetic errors, perverted intestinal secretion — anything that impairs peristalsis, as obesity, pregnancy, etc. Age and sex also are predisposing factors. Those advanced beyond middle life and the female sex afford the most cases, is the information of the writer.

*Prognosis* as to a positive cure is not always affirmative. The prognosis, indeed, rests upon the ability of removing the productive elements, or overcoming the cause or causes. This state should not be overlooked as a great factor in producing appendicitis; in fact, such doubtless produces the most cases.

*The diagnosis* of enterolithiasis is not so easy. Neither constipation nor impacted bowels or rectum affirms the presence of enteroliths. A migratory enterolgia, sooner or later becoming colonic, and eventuating into an acute coccygodynia, should, with the proper concomitants, create the suspicion of their presence. The actual passage or removal of them affirms the habit.

*Treatment* should be addressed to the existent wrongs. The indigestion, if present, should be rationally treated. The diet should be regulated according to the stomachic lesion. If possible, stewed fruits and vegetables should be insisted upon as a part of a day's allowance.

Any constipating article of diet should be prohibited. The intestinal atony requires attention; but before addressing remedies to meet the atony, the entire tract needs to be thoroughly cleansed. For that cleansing, sodium sulphate and high enemas are resorted to by the writer. After a satisfactory cleansing, agents to overcome the constipation and to tone the intestinal tract are employed. Treatment of the constipation, in addition to diet, consists in kneading abdomen, in going regularly to stool at a regular time daily each forenoon. This *going* to be persisted in, whether bowels act or not, is the principle.

As additional measures to the above, to stimulate peristaltic movement, *sp. nux*, one to two drops in a glass of water, taken on going to bed and repeated on arising each morning, or ten grains of sodium phosphate taken as the *nux*, or *F. E. cascara sagrada* in ten to forty-drop doses in water each night and morning, should be prescribed.

The next study will be of remedies increasing the tone of the tract and those influencing associate viscera. This study includes such agents as *sp. collinsonia*, *sp. enonymus*, *sp. iris*, *sp. chionanthus*, *sp. chelidonium*, *sp. leptandra*, *sp. myrica*, *podophyllin*. The bitter tonics, of which gentian is a specimen, call for study; in other words, the selection of remedies must be judicious. Each case and its requirements are individual studies. The physician, then, must study his patient and prescribe the proper remedy to meet the individual pathologic wrong.

I have the pleasure of inclosing an enterolith to the editor with the present paper.

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### **PAIN—NEURALGIA AND NEURITIS.**

**By W. B. Church, M. D., Cincinnati.**

Pain is universally regarded as having special relation to diseased action. One of the first questions that confronts us, in nearly every case of disease, is to determine the significance of the pain. To correctly interpret this symptom is to take the first step toward diagnosis; and it sometimes fully determines this essential preliminary to treatment.

The natural stimuli to the terminations of sensory nerves are painful when too intense. Touch may be pleasant, but pressure contact beyond a certain limit becomes painful. A too intense light or sound produces a painful impression. Susceptibility varies greatly in individuals. The more complex an organism becomes, by rising in the scale of being through natural processes of evolution, the more acute its sensations. The effect of long-continued suffering, too, induces a heightened susceptibility.

When first injured, a patient often bears great pain with extreme fortitude; but if it continues day after day, until he becomes worn out,



as the phrase is, the opposite condition of extreme intolerance is manifested. In certain nervous states painful sensations become spontaneous, independent of any physical irritation. Hysterical pain is recognized as a frequent phenomenon. It is peculiar in many respects, especially in that it generally yields to treatment that is of no avail in other forms of pain, and sometimes persists in spite of all remedies. Pain referred to a finger or toe of an amputated limb may be of this character, as it has often been relieved by exhuming the buried extremity, and so changing its position as to relieve pressure.

It is usual to regard pain as a signal of an irritation or morbid process inimical to the organism; a warning sent out from a sensory center of the brain that an abnormal injurious condition exists at the periphery. Such notice is likely to prompt us to make inquiry as to its cause or causes, with a view to institute measures for relief. From this standpoint pain becomes a conserving beneficent provision, which is essential to protect us from the elements and many destructive agencies.

The pain of neuralgia seems to be an exception in some cases, appearing to be a pain, often of a violent paroxysmal nature, wholly unrelated to any pathological lesion, and serving no useful purpose. Since, however, precisely similar pain is often seen to be due to an irritation elsewhere, which gives no other evidence of its existence, as a carious tooth, eye strain, and various internal troubles, it may be that all cases are really based on some actual lesion, even though we are not always able to locate it. Exposure to cold, loss of sleep and anemia directly predispose to it. Pressure from morbid growths, toxins in the blood, rheumatism, gout and syphilis are familiar direct causes. In the great majority of cases it is pain that drives a patient to the doctor. The interpretation of it is the problem which first and chiefly concerns us. His confidence will mainly depend on the explanation we are able to offer; if convinced that we, by our special knowledge of such matters, are able to perceive the real cause and nature of his pain, he will be inclined to place his case in our hands. The success of the subsequent treatment will be estimated by the degree of relief from pain attending it. He will distinguish, too, between the temporary relief of anodynes and the permanent relief afforded by removal of the cause. If told that he is suffering from neuralgia, he will accept that as a sufficient explanation, and immediately, in his mind, consider treatment from that standpoint. With him neuralgia and rheumatism are the two great causes of pain, and it is a distinct point gained to be able to decide between them. If informed, for instance, that he has sciatic rheumatism, his list of remedies that have a popular reputation for curing rheumatism is drawn upon. Then if the doctor continues in charge, he

has put himself on a level with the patient and his friends, with only the doubtful advantage that his own list of remedies may be more extended than theirs, an advantage they are constantly endeavoring to overcome. Such competition is not inviting, and, in practice, quite often results in our discomfiture and loss of prestige.

How different the situation when, to the trained eye of the skilled physician, the exact nature of the disease is plain, and his treatment, in place of being a haphazard trial of remedies directed at a name, is made to directly meet a specific condition. It is not always an easy matter; various problems are generally involved; we have to consider in most cases the question of reflex influence; to decide between rheumatism, neuralgia and neuritis. In any given case one or more of these may be combined. Rheumatism assumes many atypical forms, especially when chronic; a suspicion can sometimes only be decided by treatment. This test, frequently mentioned in the literature regarding syphilis, applies in diagnosis of rheumatism as well. The pains of tabes, resulting from degeneration of nerve centers, are little influenced by treating them as either neuralgia or neuritis.

Acute colicky pain in the abdomen will raise immediate question as to its cause, which must be correctly answered before treatment can be administered with confidence. After excluding appendicitis, biliary and renal calculi, there will remain several hypotheses requiring careful consideration. Only when the undoubtedly well-defined etiology is established may treatment be instituted with any degree of confidence and satisfaction.

It will be impossible to take up the treatment at this time for lack of journal space. If not crowded out by more important matter, it will be considered in the number for June.

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### MEDICAL LEGISLATION.

**By C. Pickett, M. D., Broken Bow, Neb.**

I do not wish to be one of those fellows who are continually kicking about everything, and nothing as well; but I do want to enter my protest against some things in regard to medical legislation — some things now existing that I conceive as gross injustice to us older physicians, and to get the matter before the “considerate judgment” of all fair-minded men, I will take my own case as an example, and there are, I think, hundreds to whom this will equally apply.

I graduated with honor at the Eclectic Medical Institute (mother school) February 8, 1870; was present when specific medication was born, and from then until the present moment have held up the banner

of Eclecticism as best I could. I find that I could not go to any other State in the Union outside of Nebraska and be recognized as a legal practitioner of medicine, because, notwithstanding I could exhibit my diploma and my registration here, I could not stand an examination in the technicalities now required, which for our younger men are perhaps all right. Now, must I be compelled to spend the balance of the few days or years allotted me, just because I can not now come up to all the requirements extant at this time, when, if I were subjected to an examination in the practical application of drugs to diseased "conditions" (not names), I could stand any examination within the bounds of reason? I do not know that I shall ever *want* to change my location, but I do want the liberty justly due not only me, but to hundreds of such men. I think this should obtain in such case, if, indeed, not *all* cases, that when a man or woman has obtained a diploma from a college chartered by the State in which it is granted or located, and which college is a member of the recognized confederation of colleges, and has presented this diploma, it should be accepted in any other State or Territory.

Let the boards regulate the colleges and see that they graduate none but those who have passed the proper examination. *They* (the colleges I mean) should be the best judges of the qualifications of the students applying for graduation. I would not, nor do I believe any student with any pride would, accept a diploma from a college not in good standing. If we have legislation, let it be just and equitable. The higher the standard of medical education is placed in our colleges, the more pride we take in them.

I am proud that I graduated at the old E. M. I., the very best by far there was in the Middle West or West. When I attended college, thirty-seven years ago, I visited all the other colleges in Cincinnati, and though I did not know much then, nor do I yet, I knew enough to see the superior teaching of the institution on the corner of Court and Plum Streets. I am now sixty-eight, and if I live to be seventy-five, I may want something else; but this I know, I shall always in the future, as in the past, be a student.

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It is well to remember that not all ulcers of the stomach are characterized by the classical symptoms of pain, vomiting and hemorrhage. Many patients presenting "dyspeptic" symptoms of only mild grade are afflicted with this disease, and such cases may easily be diagnosed as functional disorders until the persistence of the symptoms leads one to suspect the graver malady.

The thirst following a hemorrhage from gastric ulcer is best relieved by small quantities of cocain in solution.

# ECLECTICS TO CALIFORNIA

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**T**HE annual meeting of the National Eclectic Medical Association will be held in California for the first time in its history, June 18 to 21, at Los Angeles.

Los Angeles will royally welcome our eastern delegation of physicians, their families and friends. The railroad association has granted us a one-fare rate for the round trip—an unusual concession; and this, in connection with the many advantages to be derived from a trip to the Pacific coast, should insure a large attendance.

Los Angeles contains 200,000 inhabitants, and far outranks many cities of larger size in metropolitan attractions. Electric cars connect Pasadena, Santa Monica, Ocean Park, Redlands, Long Beach, Santa Anna, and adjacent towns.

## LOS ANGELES, LOOKING DOWN BROADWAY

**CALIFORNIA IN JUNE.**—Southern California is very beautiful in June. There is no need to specify its many attractions in detail. Visitors can see something new every hour of the day, and all quite unlike the familiar home scenes. You have read about the old California Missions, the giant Redwoods, and lovely Yosemite. You have heard of the miles of orange groves and acres of golden poppies. They are all here, and many other things equally alluring.

The spring and summer temperature of California is on the whole delightful. The weather is always pleasant, both by the sea and in the mountains. Near the ocean the cool Pacific breezes temper the

heat of the sun to a genial coolness ; and the temperature rarely registers above 80 degrees Fahr. even in midsummer. Up in the high hills it is even cooler.

**A COOL TRIP.**—The altitude of the Santa Fe line from Colorado west averages between 5,000 and 6,000 feet above sea level.

**Scenery en Route.**—On reaching Colorado you are in a country wholly different from the East. You ride for nearly two hundred miles close to the front range of the Rocky Mountains, with Pike's Peak, Gray's Peak, and the Spanish Peaks in full view. You see quaint Pueblo Indians at Albuquerque, Isleta and Laguna, in New Mexico ; also, further west, the Navajos, the Wallapais, and the Mojaves. You cross four ranges of the Rockies, frequently riding through pine forests and more than a mile up in the sky. You observe many other strange sights, such as adobe Mexican villages, prehistoric ruins, and petrified forests ; but the biggest, greatest, most thrilling sight of all is the Grand Canyon of Arizona.

#### GRAND CANYON, ARIZONA—FROM EL TOVAR HOTEL.

##### A SPECIALLY CONDUCTED TRIP OUTWARD.

Leave Cincinnati	Wednesday, June 12	noon,	B. & O. S. W. Railroad.
Arrive St. Louis,	"	8:30 P. M.	
Leave St. Louis,	"	10:10 P. M.	Missouri Pacific.
Arrive Kansas City, Mo.,	Thursday, June 13,	7 A. M.	

Leave Kansas City, Thursday, June 13, 8:45 A. M., Sante Fe Limited.

Arrive La Junta, " " 10:10 P. M.

Arrive Las Vegas, Friday, June 14, 6:15 A. M.

Arrive Albuquerque, " " 10:35 P. M.

Arrive Williams, Arizona, Saturday, June 15, 12:25 A. M.

Side trip to Grand Canyon, arriving 7 A. M.

Leave Grand Canyon, Sunday, June 16, 8:30 A. M.

Arrive Williams, " " 11:25 A. M.

Arrive Needles (by California Express), 6 P. M.

Arrive Barstow, California, Monday, June 17, 2:25 A. M.

Arrive Los Angeles, " " 8:20 A. M.

Round trip rate from Cincinnati, \$66.50. Grand Canyon side trip, \$6.50 additional. Return by any route through San Francisco. If you return by Portland or Canadian Pacific, \$12.50 additional.

#### THE MOKI UNLIMITED—ARIZONA.

Special ten section, double drawing room, electric lighted Pullman will leave St. Louis as above noted on June 12. Send check for \$16.00 for berth reservation, not later than May 10, to Dr. J. K. Scudder, 1009 Plum street, Cincinnati, O. This includes pro rata for car to Grand Canyon and return.

Railroad Tickets can be purchased from your agent June 10-14 (rates previously announced). Extreme return limit of ticket August 31st. Parties east can have tickets read via Cincinnati. Parties from

SAN BERNARDINO MOUNTAINS, FROM REDLANDS, CALIFORNIA.

Tennessee and Georgia join us at St. Louis. The Texas delegation will join us at Newton, Kansas.

The California limited, on the Santa Fe, on which we travel Thursday and Friday, is one of the very finest. Meals a la carte in dining car breakfast and luncheon; dinner, table d'hote. Train is equipped with buffet smoker, reading room, barbershop, observation car, electric lighted. The Santa Fe is guarded by the block signal system, with dustless, oiled track.

From Williams we travel on the California Express, with meals at the celebrated Harvey eating stations. We occupy our own cars Saturday night at the Grand Canyon, only extra expense being meals.

#### ESTIMATED EXPENSES.

	CINCINNATI.	ST. LOUIS.	KANSAS CITY.
Round trip ticket .....	\$68 50	\$57 50	\$50 00
Grand Canyon side trip.....	6 50	6 50	6 50
Berth, out.....	16 00	16 00	15 00
Berth, return .....	13 00	13 00	12 00
Meals .....	21 00	20 00	19 00
Hotel, 4 days .....	16 00	16 00	16 00
Total.....	\$139 00	\$129 00	\$118 50

If you return via San Francisco and most direct route back, add about \$12 for extra Pullman service, meals, and two days at hotel. If you return via Portland and Northern Pacific, add \$12.50 to original ticket fare and \$24 more for Pullman service, meals, and four days at hotel. If you return via Vancouver and Canadian Pacific, your entire expenses will be about \$187.50 from Cincinnati, \$177.50 from St. Louis, or \$167.00 from Kansas City. Secretary Helbing will conduct us returning by Southern Pacific to San Francisco and Salt Lake City, Denver and Rio Grande to Denver, thence to your destination. You secure your railroad tickets from your home ticket agent. You must map out your entire route when you buy your ticket. Dr. Scudder furnishes you Pullman tickets for outward trip only.



#### SPECIFIC PASSIFLORA INCARNATA.

By John Fearn, M. D., Oakland, Cal.

When we get a good preparation of this drug, what a grand helper it is! Let me illustrate: A few weeks ago I had two cases of severe colic connected with the passage of gallstones. One of them was a well-known physician; the other, a lady who has had repeated attacks for



years. Her case was very severe. She was attacked in the night, and thinking she could not reach me, she called a neighboring physician to relieve the terrible suffering. He gave a hypodermic of morphine. This brought on terrible vomiting. Next morning I was called. After checking the vomiting, for relief of suffering and to thoroughly relax the system she was put on small doses of glonoin, strychn. ars. and hyoscyamine amorphous. The dose was repeated every twenty minutes till the physiological effect was produced. The capillaries were flushed; the face red; the skin became moist; relaxation and freedom from pain followed. As these effects were produced the dose was given less frequent. But at longer intervals the remedies were given for several days, with the happiest results. The pain was relieved, the liths were passed. I used Abbott's granules glonoin 1.250, strychnia ars. 1.134, hyoscyamine amorphous 1.250. This was a triple shot, it is true. And I am free to say I do not know any one remedy that would have yielded such good results.

Now for the sequela, which gave an opportunity of showing the prowess of the one remedy, passiflora. The case was so severe that it could not be relieved by mild means, so powerful remedies were pushed. As the severity of the pain and suffering passed there was found a nervous trouble, attended with slight restlessness, and when she slept, she saw things in her sleep which, while not absolutely unpleasant, yet by their number and vagaries prevented her from getting restful and refreshing sleep. When my attention was called to this, after careful examination I came to the conclusion that the trouble was largely due to the hyoscyamine. A sponge bath was given, and I prescribed specific passiflora incar, two drops in water, every two hours. The effect was complete relief in a very short time. The passiflora relieved the nervousness and procured refreshing sleep. Don't forget specific passiflora in these conditions.

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## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By Harvey Wickes Felter, M. D., Cincinnati.

[ Continued from page 188 ]

During this formative period of Eclecticism, Dr. Morrow and others had been laboring to bring about a fraternal union of all reformers in medicine, and in advocating such a union had been very liberal, both in word and policy. Professor Buchanan, who was energetic and progressive, had also a scheme for a great medical university. At this epoch the reform movement had not taken upon itself any definite name, and about this time Dr. Morrow began to use the word "Eclectic" when speaking or writing of what had been, up to this period, desig-

nated chiefly as *Reformed Medicine*. The college was now well established and in a flourishing condition. Good feeling prevailed. \* \* \* The Faculty was a strong and active one, and the college fully equipped for medical teaching. While the Faculty of the Ohio Medical College (Allopathic) had "received from the State liberality a collegiate edifice, library, chemical apparatus, etc., and been honored by the exclusive control and use of the [Commercial] Hospital, the Faculty of the Eclectic Medical Institute, without any assistance from the State, had erected their own edifice, furnished their own apparatus and library, given able and original courses of lectures, and already attracted a greater number of pupils the past year (1848) than their rival institution, aided by the power of monopoly and assistance from the State."

The comparative strength of the great medical colleges of the West during the first three years of the Eclectic Medical Institute is shown by the following tabulated statement:      Number of students in Transylvania University (Medical Department and oldest medical college west of the Alleghenies), 255; Louisville Medical Institute, 404; Eclectic Medical Institute, 428; Ohio Medical College (chartered in 1819), 73.

On May 25, 1848, the first national gathering of Eclectic physicians, as such, was held in the Eclectic Medical Institute. This convention organized the National Eclectic Medical Association, electing the Dean of the college, Prof. T. V. Morrow, M.D., president, and Drs. John King and L. E. Jones, secretaries. A large and enthusiastic meeting was held, a record of which has fortunately been preserved.

Homeopathy, introduced into the United States in 1825 by Dr. Hans Birch Gram, was now beginning to gain ground in the West. In May, 1849, the feasibility of establishing a homeopathic college in Cleveland was discussed, but no definite action taken. Professor Buchanan, heartily seconded by Professor Hill, who leaned toward homeopathy, saw an opportunity to enlarge the scope of the college, and thus advance his scheme for the formation of a great medical university. At this time many of the Eclectics felt kindly disposed toward the homeopaths, and Dr. Morrow wrote in reply to an accusation: "Far from denouncing homeopathy as empiricism, we look upon the science with sentiments of sincere respect. We have lectures upon the subject delivered in the Institute, and have contemplated the establishment of a permanent professorship of homeopathic science." (c) Accordingly, observing the efforts of the homeopaths to establish themselves in the West, on June 9, 1849, a circular was issued by Prof. T. V. Morrow, as Dean of the Institute, which read as follows:

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(c) *Ethics of the Eclectic School*, *Eclectic Med. Journal*, 1849, p. 272.

“*Resolved*, That, in order to enlarge the circle of instruction in medical science, we deem it desirable to establish a professorship of the principles and practice of homeopathy in the Eclectic Medical Institute.

“*Resolved*, That we invite the homeopathic physicians of the United States, and of the West especially, to unite in recommending and nominating a professor to fill the chair of homeopathy in the Eclectic Medical Institute.” (d)

On June 26th the homeopathic physicians of Northern Ohio met in convention in Cleveland to deliberate upon the above invitation. Prof. B. L. Hill, of the Institute, was present, and gave a history of medical reform which had resulted in the establishment of the Eclectic Medical Institute, and on behalf of the Trustees and Faculty of the latter “tendered ‘a full, free and equal’ professorship to the homeopaths of this country and the West.” Resolutions were passed by the convention returning “their cordial thanks to friends of medical reform in Cincinnati for their large-hearted liberality in extending to them the offer of a professorship,” etc. (e) They also unanimously recommended the appointment of Dr. Storm Rosa, of Painesville, O., for the professorship, issued an invitation to all students of homeopathy in the West to attend the lectures at the Institute, and appointed a committee to circularize the physicians of the new school in the West. (f) Professor Hill, on behalf of the Institute, also offered the columns of the *Eclectic Medical Journal* for a homeopathic department. This was also accepted, and Dr. David Sheppard, of Bainbridge, O., was selected as editor. This liberality on the part of the leaders in the Institute resulted in the prompt resignation of Profs. A. H. Baldrige and James H. Oliver from the Faculty of the Eclectic Medical Institute. Dr. Wooster Beach, upon whom the infirmities of years were fast creeping, was now made an emeritus professor. The vacancy caused by the resignations of Drs. Baldrige and Oliver were filled by the appointment of Horatio P. Gatchell, M.D., a decided homeopathist, and John B. Stallo, A.M., a distinguished scholar and scientist. Professor Gatchell, antedating Professor Rosa, began his duties by giving preliminary lectures on homeopathy.

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(d) *Eclectic Medical Journal*. 1849, p 308. See also *History of Western College of Homeopathic Medicine from 1850 to 1860*, by D. H. Beckwith,, M. D., in *Cleveland Homeopathic Recorder*, January, 1900.

(e) *Eclectic Medical Journal*, 1849, p. 307.

(f) The committee accepting the invitation was composed of B. W. Richmond, Chardon, O.; John Wheeler, Cleveland, O.; David Sheppard, Bainbridge, O.; U. D. Williams, Cleveland, O.; and A. Plympton, Painesville, O.

Dr. Rosa entered upon his duties in the fall session. His attitude was dignified, and while the majority of the class were numbered with the Eclectics, some were won over to homeopathy, and the whole class, by resolution, thanked Professor Rosa, "who so kindly, with becoming dignity, expounded the principles and practice of homeopathy, notwithstanding the many embarrassments appendaged thereunto," and voted "that he receive an expression of our highest esteem."

The Faculty of 1849-50 was composed as follows: Horatio P. Gatchell, M.D., Special, General and Pathological Anatomy; Joseph R. Buchanan, M.D., Physiology and Institutes of Medicine; Thomas V. Morrow, M.D. (Dean), Theory and Practice of Medicine and Pathology; Storm Rosa, M.D., Principles and Practice of Homeopathy; Benjamin L. Hill, M.D., Obstetrics and Surgical Practice; Lorenzo E. Jones, M.D., Materia Medica, Therapeutics, and Medical Botany; John B. Stallo, A.M., Chemistry, Pharmacy, and Medical Jurisprudence; Wooster Beach, M.D., Emeritus Professor of Clinical Medicine; James Milot, M.D., (g) Demonstrator of Anatomy and Surgical Prosector.

At the end of the session of 1849-50, however, the Faculty appeared to be in as much haste to rid itself of homeopathy as it had been eager to invite it. Consequently, on August 22, 1850, (h) the chair of homeopathy was abolished. The objections leading to this action were published in the college organ. The homeopaths had not fully appreciated the enlarged liberality that had invited them in; for, as Professor Gatchell remarks, neither his own course nor that of Professor Rosa was as conciliatory as it might have been. (i) Thus ended this attempt to

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(g) In the earlier years of the college it was quite the custom to select some recent graduate of the Institute to serve as Demonstrator of Anatomy and Prosector of Surgery. Among those who served in this capacity, as well as some from other institutions, may be mentioned the following: James Milot, M. D., afterward connected with Dr A. H. Baldrige in the formation of the American Reform Medical Institute, at Louisville, Ky.; William Owens, M. D., afterwards with Pulte Medical College (Homeopathic), of Cincinnati; Orin E. Newton, M. D.; Zoeth Freeman, M. D., called from the Memphis Institute; Rowland R. Sherwood, M. D.; Henry A. Warriner, M. D., afterwards a Professor of Chemistry in Antioch College (Literary); Edwin Freeman, M. D. subsequently Professor of Anatomy and Surgery in the Eclectic Medical Institute and in the Eclectic Medical College of New York City; Andrew Jackson Howe, M. D., from the Eclectic College of Medicine; Jerome P. Marvin, M. D.; E. Pynchon, M. D., and Thomas C. Hannah, M. D.

(h) See Eclectic Medical Journal, 1850, p. 397.

(i) See Professor Gatchell's remarks in Homeopathic Recorder; also editorial in American Eclectic Medical Review, R. S. Newton and Prince Albert Morrow, 1869, p. 524.

mix oil and water. Immediately after the abolishment of the chair of homeopathy in the Institute, Professor Rosa received an appointment as Professor of Obstetrics in the Western College of Homeopathy, at Cleveland, O., where he served with credit through many sessions.

The attempt to form a coalition with the homeopaths had failed; but it must forever remain a historical fact that the first homeopathic physicians who graduated in the West graduated from the Eclectic Medical Institute, for on March 6, 1850, six students received both Eclectic and homeopathic diplomas from the president of the Institute. (j)

The college, now purged of homeopathy and the dissenting professors, started in with renewed energy. The teaching was up to date, and a demand arose for Eclectic publications. In 1850 there appeared the first of a series of text-books by Eclectic authors, in the form of the "American Eclectic System of Surgery," by Prof. Benjamin L. Hill, of the Faculty. The book was well received everywhere, and contained 670 pages and 140 engravings. It remained long a favorite text-book among Eclectic physicians.

*(To be continued.)*

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### LYCOPodium.

**By C. W. Seeley, M. D., Wileyville, W. Va.**

In reading Eclectic literature we seldom see the drug lycopodium mentioned. The drug has certain virtues, and should be further investigated. Lycopodium is obtained from a club-moss, the spores being the part of the plant used. It is placed before the medical profession in the form of a powder and in an ethereal or alcoholic tincture.

The drug is extensively used by our homeopathic brethren, who have given us some excellent indications for its use.

It will be of great service when the following conditions are noted: A sense of fullness and movement in the region of the stomach after eating. In cases of dyspepsia, when accompanied with distended bowels and flatulency, it seems to have an influence upon the liver and alimentary tract. Enlarged liver attended with weakness of stomach, pain under the shoulder blades, water-brash, mouth dry and bitter taste, yellow complexion, chronic enlargement of the lymphatic glands of the neck. Try lycopodium when these indications are present.

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(j) Among this number was Dr David Beckwith, Emeritus Professor in the Cleveland Homeopathic College, now residing in Cleveland. His "History of the Western College of Homeopathic Medicine" is published in the Cleveland Homeopathic Recorder.

**Geton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 109.—Mr. A., referred to the clinic by Dr. Norman, of Blanchester, O., on account of appendix abscess.

*History.*—This patient was 40 years of age, the ninth day from this attack of appendicitis, with high temperature and almost complete obstruction of the bowels; vomiting had already commenced.

*Examination.*—Upon making an examination by the way between the umbilicus and the crest of the ilium there was considerable bulging and a well marked tumor mass, and on pressure the finger marks were left in the most prominent part of the enlargement, showing that pus had already formed in the tissues below.

*Operation.*—After thoroughly sterilizing the field of operation, an incision was made over the central part of the tumor, and the incision was carried into the abdominal cavity without coming in contact with the pus cavity, which seemed to lie to the right and behind the head of the colon. The second incision was made immediately over the crest of the ilium, and with the left index finger in the wound, the knife was directed downward and behind the colon, where we encountered quite a quantity of pus. Into this incision several pieces of iodoform gauze, dressed not unlike a candle wick, with long ends hanging outside of the abdominal wall to act as drainage. The primary incision was completely closed, and the patient returned to his bed.

We had excellent drainage from the wound. The patient was instructed to lie upon the right side, and as much as possible partly on the face, so as to make the abscess cavity bottomless. After the third day the drainage gauze was gradually removed, and the patient made an uninterrupted recovery.

A few days later another patient, almost a duplicate in every respect of Case 109, was brought to the clinic, and the abscess cavity located to the right and just behind the colon. A similar incision, extending into the cavity, allowed quite free drainage of pus.

No attempt was made in either of these cases to remove the appendix, as it has been the writer's experience that when a case has advanced to the stage of abscess any attempt at removal of the appendix or breaking down of the adhesions is fraught with great danger to the patient, and if the surgeon persists in attempting to remove a pathological specimen death will claim a majority of the victims. Therefore it is much better to do drainage and allow the patient to make a recovery, as a majority of all cases will, and eventually be free from any further attack.



**Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

**REFLEX CONDITIONS FROM REFRACTIVE ERRORS.**

While not willing to believe that all obscure symptoms are directly influenced by so-called eye strain, still there are so many instances of relief by proper refractive measures that one can be excused at times for enthusiasm. That many functional nervous conditions are the result of faulty vision is well known to the oculist, but often the proper relief is obtained too late to get the full benefit. Unquestionably functional disturbances will eventually result in organic lesions through the constant vitiation of function. A person who has suffered for years from functional stomach trouble can not expect the relief that should be afforded a recent case.

In looking over my case records, the result in many instances is surprising. One aggravated case of chorea, which had steadily grown worse under medical treatment, was completely cured by proper correcting lenses. Another, which presented a complete list of neurasthenic symptoms, including gastric complications and severe dysmenorrhea, was relieved of both conditions, and a rapid cessation of the neurasthenic symptoms by correcting the refractive error. A third case was, where the patient suffered so severely from headache in the vertex that he and his family thought he would go insane. Correction of the visual defect gave complete relief. Other cases are numerous, but for the purpose of this article these will suffice.

We have gone through a period of tenotomies of various kinds, advancements and what not on the extrinsic muscles of the eye, but too little attention has been given the correction of refractive errors. We are assailed, bombarded and submerged by hyperophoria, right and left, exophoria, esophoria, circumduction, etc., but, while fully aware of their existence, I believe an early recognition of visual defects, when simply refractive, and the proper correction given, these muscular imbalances would soon be things of the past. Tenotomies and advancements would be required only in a very few instances, and much discomfort, annoyance and actual pain be eliminated.

I do not mean sickness would be abolished, nor that all suffering would cease. Neither do I hold that every case requires glasses, but when we study the extensive central nerve distribution of the eye, it is reasonable to suppose any disturbance which will increase the nerve energy required for eye work will cause an increased irritability of the brain center, and reflexly influence remote organs.

In too many cases an error of 0.25D. or 0.12D. is ignored by the refractionist, and while in simple spherical errors it may not amount to much, in astigmatism it often means either relief from discomfort or a continuance of the same if uncorrected. More actual pain occurs in the low degrees, viz., 0.12D. to 0.25D. astigmatic error, than in those of 1.00D. and over. Also the axis of the cylinder should be as correctly determined as the amount of the error. The fitting of the frames is also an item that requires careful consideration, and, unfortunately, few opticians and fewer oculists have any idea of correctly adjusting frames so the optical properties of the lenses are correct. Even when this is obtained, the desire for as light mountings as possible frustrates the work of the oculist, as with the ordinary quality of mounting there is no stability. Eye-glasses are not only asked for, but positively demanded, and the poor nerve centers are given an additional amount of work as a result of the cylinder being from  $5^{\circ}$  to  $10^{\circ}$  from the axis required. A 14k. spectacle frame will retain its shape under ordinary circumstances, and will keep the lenses in their proper position, but an 8k. or 10k. mounting does not possess enough elasticity to retain its shape even under ordinary circumstances.

For the correction of refractive errors two things are absolutely necessary in the young and middle-aged, and not infrequently in persons over 45 years of age. First, I would place care, which includes patience and the exercise of one's best ability for each and every case. Second, but not less important, complete cycloplegia. In children I positively refuse to refract under any other condition, and in adults, unless with the understanding that the work is only temporary, I will not work on cases with a history that indicates astigmatic conditions, and even when there is no definite history, the statement is made that, if relief does not follow the fitting, it will be necessary to use the drug.

My preference is always atropine, unless there is a positive contraindication, as my experience with the rapid cycloplegics is, they are unreliable.

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### PRODUCTION OF INTRAOCULAR FLUID.

Henderson and Starling (*Proceedings of the Royal Society*, Vol. 77) have been investigating the factors which determine the production of intraocular fluid and alteration in the blood pressure in the vessels of the eyeball. Their observations tend to support in every particular Leber's view, that the intraocular fluid is produced by the ciliary processes solely by filtration, and that the amount is determined



by the difference in pressure between the blood in the capillaries and the fluid in the eyeball. In twenty experiments the authors found that the smallest difference between the arterial blood pressure and intraocular pressure was 48 mm. of mercury, and the average difference 85.8 mm. This probably justifies the assumption that there is a difference of at least 30 mm. of mercury between the capillary blood pressure and the intraocular pressure, a difference which would satisfy the necessary conditions for filtration.

The effect of the size of the pupil on the absorption of intraocular fluid was investigated in animals whose one eye was treated with atropine and the other with eserine. Under normal intraocular pressure absorption in the two eyes was practically the same, but on raising the intraocular pressure the rate of filtration of the eye under eserine greatly exceeded that in the atropised eye.

Their experiments have led them to the following conclusions:

1. The intraocular pressure represents the pressure at which the rate of formation of intraocular fluid is exactly balanced by its rate of escape through the filtration angle of the eye.

2. The production of intraocular fluid is strictly proportional to the difference of pressure between the blood in the capillaries of the eyeball and the intraocular fluid.

3. No satisfactory method of measuring the intracapillary pressure in the eyeball has yet been devised. Judging, however, from a comparison of the arterial pressures and the intraocular pressures in a large number of animals under different conditions, there is probably always a difference between the intracapillary pressure and intraocular pressure, which is sufficient to account for the production of the intraocular fluid without assuming any active intervention on the part of the cells of the capillary walls or of the ciliary processes.

4. An increased proteid content of the intraocular fluid shows its rate of absorption in consequence of the mechanical hindrance of the proteid to infiltration.

5. Filtration, *i. e.*, the absorption of intraocular fluids at high intraocular pressures, is favored by constriction of the pupil and hindered by dilatation of the pupil. The difference, however, is barely perceptible with normal or low intraocular pressures.

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## EYE-STRAIN AND CRIME.

If an uncorrected refracted error will disturb the equilibrium of the nerve centers after mature development has taken place, it must follow that, should a like condition exist in the developing child, the

nerve centers would be disturbed and perversion of intellectual, moral and physical forces would be probable. Education begins in infancy through our mental appreciation of objects around us through the medium of the eye and ear, and the career of every man is made not only by his environment, but also by his physical equipment for life's work.

George M. Case, of Elmira, N. Y., Ophthalmologist to the New York State Reformatory, at the recent meeting of A. M. A. argues the relation between eye strain and crime, beginning in obscure nervous phenomena usually classed under functional neuroses. He says: "Our penal institutions, especially juvenile and intermediate reformatories, are composed of young men who disclose themselves to be in their natures fundamentally like young men wherever found, responding to the same influences in about the same way. Many causes have led to their present condition, among them being lack of proper parental control, environment, associations, etc., and impairment of the two principal human senses, hearing and seeing, especially the latter. They are handicapped, and failing in the race because of the unequal struggle, they seek to gain by foul means what they ought to get by fair. From childhood up the world to them is never quite right. They are taught to think white when they see black; what they are told is straight, to them seems crooked. They think the whole world is wrong and become criminals from necessity." The individual with poor vision has a struggle before him to meet the exigencies of life. It is a matter of daily observation that eye strain will disturb mental processes, producing mental inaptitude and backwardness in children. Irritability to the verge of irascibility may be the result of a constant nagging eye strain, producing serious inroads upon the nerve supply. How far this may be carried toward producing mental unbalance, insanity and criminal tendencies, alcoholic and drug habits, remains to be proven.

Truancy in school children may be traced largely to this cause, which, frequently repeated, precipitates the individual into the life of a vagabond and criminal. An examination of 5,000 inmates on entering the institution, at an average of  $20\frac{3}{4}$  years, showed 2,735 addicted to the use of alcohol, and 675 suffering from defective eyesight. It is apparent that the connection between the two is more than accidental, and this holds not only in the criminal, but in all walks of life. It is possible that if more work were done along the line of correcting these defects, less money would be needed in building and maintaining prisons. The ratio of improvement in school and trades after glasses had been worn was almost equal to that of those who had no refractive error.—*Medical Review of Reviews*.

# Eclectic Medical Institute.

(Complete Announcement may be obtained by addressing the Secretary.)

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*Professor of Obstetrics.*

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† Representing Alumni. \* Arranged in order of seniority of appointment.

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*Professor of Didactic and Clinical Ophthalmology, Otology,  
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*Professor of Anatomy.*

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*Lecturer on Medical Jurisprudence.*

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*Assistant in the Eye, Ear, Nose and Throat Clinics.*

D. C. ARNDT, M. D.  
*Assistant in Clinic of Women and Children.*

# ANNOUNCEMENT

## Session of 1907-1908.

NOTE.—These regulations refer particularly to new students and graduates of the years 1908, 1909, 1910, and 1911.

### ***Matriculation.***

The Eclectic Medical Institute is open for matriculation to well-qualified young men and women who have attained the age of 17.

This College does not solicit the matriculation of negro students, believing that they can be better educated in institutions devoted exclusively to their race.

### ***The Sixty-Third Annual Session.***

The sixty-third annual session of the Eclectic Medical Institute will begin on Monday, September 16, 1907, and continue thirty-two weeks, until April 29, 1908.

### ***Entrance Examination.***

Entrance examinations for students who can not procure the credentials as mentioned on page 258 under the heading of Regulations, are held at various dates, under the authority of the several State boards of medical registration.

No examination embracing less than the following will be accepted from any one.

**REQUIRED.**—Orthography, geography, English grammar and composition, history and constitution of the United States, arithmetic, including the metric system and mensuration, algebra to quadratics, Latin (grammar and Cæsar bk. 1), elementary physics.

(In addition to the above studies, two more must be certified to; the two to be chosen from the following.)

**ELECTIVES.**—General history, one year, or English history, or history of Greece and Rome; English literature, one year; rhetoric, one year; German, one year; French, one year; Latin (Cæsar, Virgil or Cicero), second year's work; physiology, one year; chemistry, one year; botany, one year; zoology, one year; physical geography, one year; plane trigonometry, one year.

Students who expect to practice in any Northern or Eastern State must comply with the exact requirements of such State (see page 258).

Examinations to determine the standing of students who have attended elsewhere, and for removing conditions of first, second or third-year students, will be held by the respective professors before October 1st.

Students who have attended two or three sessions elsewhere will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene, and Materia Medica. Students passing a majority of these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work. Pass grades will be accepted from certain accredited medical colleges.

Graduates of accredited medical colleges will be admitted to the Senior Year without examination.

***Term Examinations.***

Throughout the entire course daily examinations or quizzes are held by the professors, thus aiding the student's memory and assuring his continued advancement. The Freshman, Sophomore, Junior and Senior examinations will be held in writing, beginning April 20, and at no other time. Candidates for graduation can be examined only at this time.

***No Private Quiz Classes.***

All the instruction in this College is given in the regular lectures and regular every-day quizzes. No private classes for which students must pay an additional fee are allowed. There are no special courses to add to the student's expense. In many colleges the extras are said to approach the cost of regular tuition.

***Reading Medicine.***

It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in three years of ordinary reading. Our best students are those who commence with a course of lectures, and continue their attendance session after session until graduation. Some very successful physicians received their entire education in the college, without any office instruction.

It is quite advisable for students to take a short course of study under a preceptor at home, or medical reading without the help of a physician, and they are earnestly advised to confine themselves to the following text-books:

1. Elementary Physics—*Avery's Physics*.
2. Chemistry—*Simons' Chemistry*.
3. Physiology—elementary parts, circulation, respiration, etc.—*Kirke's Handbook of Physiology*.
4. Osteology and General Anatomy—*Gray*.
5. Specific Diagnosis and Specific Medication—*Scudder*.
6. Materia Medica—*Locke*.
7. Latin—*Robinson's Latin Grammar of Medicine and Pharmacy*.

### **State Laws.**

With but two exceptions, each matriculate must study medicine four years, and take four annual courses of lectures of at least seven months each, and graduate, and also undergo an examination before a State Board.

Our diplomas are recognized and are everywhere on an equality with those of any college in the United States.

### **FEES.\***

Each year's tuition.....\$90 00

All laboratory courses..... Free

Matriculation, demonstrator's fees, dissecting material, and graduation or examination fees are included in the above.

Post-graduate instruction, per month, \$15.00.

The fees are cash in all cases.

### **Hospital Instruction.**

Students have two hours of clinical instruction daily in the Cincinnati Hospital. In addition to this there will be clinical instruction two hours in the new Seton Hospital building daily upon diseases of the eye, ear, nose and throat, diseases of the skin, medical and surgical diseases of women and children, general surgery and medicine, and physical diagnosis.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free of charge, and that in surgical cases the charge will only be sufficient to cover the necessary attendance after operation.

The new Seton Hospital buildings, formerly The Presbyterian Hospital, are located on Sixth Street and Kenyon Avenue, west of Mound Street, and cost over \$200,000, are owned and conducted by the Sisters of Charity.

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\* Under no circumstances are fees returnable. Single session tickets are not transferable. Students can, however, make up lost time in any future session without extra charge.



The Eclectic Medical Institute has been affiliated with the Seton Hospital for six years and has *exclusive* control of the *clinical* facilities and the out-door dispensary. In the operating-room clinical cases are brought exclusively before students of our College, thus affording us an excellent opportunity to demonstrate the many advantages of Eclectic medication and the exactness of our surgeons. Demonstrations before the class take place Wednesdays and Saturdays throughout the College year, and at other times by appointment.

Seton Hospital is heated by steam, has hydraulic elevator and all the modern equipment. It has hard-wood floors and open plumbing, and most excellent sanitary arrangements, insuring good accommodations for patients. All classes of cases will be taken, barring, of course, contagious diseases. There are four wards and twenty-five rooms in the Hospital. The cost of room, board and nursing ranges from \$7.00 to \$21.00 per week.

A limited number of charity patients will be taken. The medical and surgical service furnished by the various members of the faculty of this College is absolutely free where the patients contribute in a clinical way to our classes.

Information regarding rooms and board can be secured by addressing John K. Scudder, M. D., 1009 Plum Street, Cincinnati.

### **INTERNES.**

Four students are selected each year by competitive examination, from the Junior class of this college only, to serve as internes during their senior year, at the Seton Hospital. Two are on duty the first half of the college term; the others after the holidays. These positions are highly prized and much sought after. The following have served heretofore :

1901-1902.—G. H. Knapp, C. G. Patterson, Susan R. Cooper, A. O. Barclay.

1902-1903 —W. F. Weikal, C. W. Beaman, A. J. Kemper, P. A. Kemper.

1903-1904 —G. D. Callihan, P. E. Decatur, J. G. Sherman, C. P. Krohn.

1904-1905.—G. E. Dash, C. M. L. Wolf, Wm. A. Ellsworth, C. J. Otto.

1905-1906.—M. F. Bettencourt, A. T. Rank, C. L. Hudson, A. J. Johnson.

1906-1907.—Nellie Van Horn, D. E. Rausch, A. C. Jenner, J. C. Shafer.



**Y. M. C. A.**

The college department of the Young Men's Christian Association meets once a week in the College, at which speakers of public note address the meeting. All students are eligible to membership. New students are especially invited. A bureau of information for assisting new students in procuring rooms, etc., can be found at the College. There will be a committee of students at the College during the week previous to the opening of the session, to aid new students in securing suitable rooms, boarding, etc. This committee will arrange to meet students at the railroad depots, if the time of arrival is sent to the President of the Y. M. C. A., Mr. Wm. H. Schrock, 1009 Plum Street.

**Boarding.**

We take special pains to select boarding in private boarding houses, where students will have all the comforts of a home, and at the same time have a quiet room in which to pursue their studies. Board and room can be had at from \$3.00 to \$5.00 per week. To accommodate those of limited means, rooms can be procured in which students can board themselves, bringing their expenses below \$3.00 per week. Those who intend to pursue this latter course will do well to write two or three weeks in advance, and bring sufficient quantity of bed-covering.

**Information.**

Students arriving by railroad will do well to take the omnibus ticket, and have their baggage taken immediately to the College building, Court and Plum Streets, where they will get all necessary information in regard to board and matriculation.

Letters to students must be addressed, "Care of Eclectic Medical Institute, No. 1009 Plum Street." But money packages by express, and letters containing valuables, should be addressed to the care of John K. Scudder, M. D., thus preventing trouble in identification and danger of loss. Arrangements have been made with the City Hall Bank to receive on deposit the money of students. The attention of the student is particularly called to this paragraph, as it may save much trouble, if not actual loss.

For further information address —

JOHN K. SCUDDER, M. D., SECRETARY,

1009 Plum Street, Cincinnati, O.

Long Distance Telephone, Canal 2062.

## REGULATIONS.

### *Requirements of Entrance—Certificate of Study.*

For matriculation the Faculty requires:—

1. A certificate of good moral character.
2. Diploma of graduation from (a) a four years graded high school, or (b) normal school, or (c) seminary, or (d) literary or scientific college, or (e) university, or (f) evidence of having passed the matriculation examination to a recognized literary or scientific college, or (g) a medical student's certificate secured from a state medical board.

3. Students desiring to practice in Ohio, Pennsylvania, New York, Indiana, Kentucky or Michigan, must conform to the regulations given below †

4. Students matriculating for subsequent practice in other States, and who lack the foregoing educational qualifications, may take an examination before an authorized examiner, not connected with the Faculty, as follows:

**REQUIRED.**—Orthography, geography, English grammar and composition, history and constitution of the United States, arithmetic including the metric system and mensuration, algebra to quadratics, Latin (grammar and Cæsar bk. 1), elementary physics.\*

(In addition to the above studies, two more must be certified to; the two must be chosen from the following list.)

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† OHIO.—Matriculates who will be applicants for registration in the State of Ohio must possess:—a diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree; a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon examination by a State Board; or a student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college. These credentials must be presented to Prof. Harris prior to September 26.

Or a certificate of having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified examiners, none of whom shall be either directly or indirectly connected with a medical college.

This latter examination will be held by Prof. Harris, September 27 and 28, for Cincinnati students. Fee, \$2.00. The examination will embrace: Foreign Language—two years of the Latin Language—English Literature, Composition, and Rhetoric. History—United States History and Civics, with reference to the constitutional phases of American History. Mathematics—Algebra through Equations and Plane Geometry. Science—Botany or Zoology, Physiography or Chemistry, and Physics. Further particulars will be sent on request.

**NEW YORK.**—A Regents' medical students' certificate, granted on 48 counts. Particulars from Regents' office, Albany, N. Y.

**PENNSYLVANIA.**—(a) High school, normal school, seminary or literary college diploma. (b) Certificate of examination in ten branches under seal of principal or county superintendent. Or (c) Entrance examination before State Board in Pittsburg or Philadelphia.

**INDIANA.**—(a) High school, normal, or college diploma. Or (b) an entrance examination in ten high school branches before Prof. Hufford, at Indianapolis, September, 1907.

**KENTUCKY.**—High school, normal or college diploma, or examination at Louisville in ten subjects.

**MICHIGAN.**—High school, normal or college diploma, or an examination at Detroit, Grand Rapids, Hillsdale, or Bay City, in ten branches of a high school course.

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\* Students who cannot offer Latin or Physics will be given an opportunity of studying same during the first year.

**ELECTIVES.**—General history, one year, or English history, or history of Greece and Rome; English literature, one year; rhetoric, one year; German, one year; French, one year; Latin (Cæsar, Virgil or Cicero), second year's work; physiology, one year; chemistry, one year; botany, one year; zoology, one year; physical geography, one year; plane geometry, one year.

Students conditioned in two of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course

Students **MUST** comply with the State Board requirements of the State in which they wish to practice.

Students who have attended one annual session at an accredited medical college, are admitted as second year students.

Students who have attended two annual sessions elsewhere are admitted to the third year course on credentials. Graduates of accredited medical colleges are admitted to the fourth year without examination.

### ***For Graduation.***

Students applying for graduation must be at least twenty-one years of age, must have read medicine four years, and attended four annual sessions of not less than thirty-two weeks each, the last of which, at least, must have been in this college.\*

Time of reading includes college attendance. All students must have taken the chemical, histological, pathological, and bacteriological laboratory courses, attended the clinical lectures in the Cincinnati Hospital during one session, the college clinics during at least two sessions, have dissected at least half a cadaver, and taken the practical course in obstetrics and surgery. The candidate must notify the dean six weeks prior to the end of the session of his intention to take the final examinations, must submit an original thesis on some subject pertaining to medicine (embracing from ten to forty pages of thesis paper), must have previously paid all fees, and must pass satisfactorily the term as well as the final examinations.†

The judgment of the Faculty upon the fitness of candidates is based on their knowledge of their general attendance, industry, character and general habits, as well as upon the results of their final examinations.

A rejected candidate may be re-examined at the discretion of the Faculty, after having attended a half or full additional session. Each graduate, at the close of the session, will be required to attend the Commencement exercises, and personally receive his diploma. No honorary diplomas are issued by the Eclectic Medical Institute.

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\*To constitute a full term or session the absence should not exceed one month in the aggregate.

†Students who have matriculated here in years past can not, under any circumstances, claim graduation under requirements then in force.

***Commencement Exercises***

General arrangements in regard to the Commencement Exercises are left to a majority vote of the class. But all action in regard to invitations, class pictures, or wearing of caps and gowns, is subject to the approval of the Faculty Committee. The entire class must comply with all the established regulations made by the majority of the class for the Commencement Exercises.

***Rules Governing the Standing of Students and Examinations.***

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, written quizzes, and final term examination.

2. The grades will be made upon the scale or 100. 90 to 100, passed with distinction; 80 to 90, passed well; 70 to 80, passed; 60 to 70, conditioned; below 60, failed. The passing mark from one year to another will be a general average of 75 per cent.

3. Students of the first, second, and third years, who are conditioned, must have a written examination in those branches in which they are deficient, immediately before the opening of the succeeding session, upon the date mentioned in the calendar. If the student fail upon any branch at the written examination, he shall be required to repeat the study of the preceding year.

4. There shall be no re-examination of unsuccessful candidates for the degree of M. D. until the close of the ensuing session, and the said candidate will be required to attend the instruction during a subsequent session on such branches as may be determined, before he will be eligible for re-examination.

5. Candidates for examination must secure a general average of 75 per cent., the final examination in each branch for the entire course being considered on the basis of hours per week.

***Rules of Conduct.***

1. Students are required to observe such rules of decorum and orderly conduct in the lecture rooms, laboratories and halls of the college, as would be expected of a gentleman

2. All students are required to be regular in their attendance and in their seats in the lecture room at the proper time, in order that there may be no interruption after the entrance of professor or lecturer.

3. All damages done to the college property must be made good by the individual doing the damage

4. Students will be assigned seats on matriculation, for the good care of which they will be personally responsible.

5. Infringement of these rules will subject the student to a private reprimand, to a public reprimand, or temporary suspension by the Dean, as the nature of the case in his judgment requires, or expulsion from the college when concurred in by the Trustees.

# ECLECTIC MEDICAL JOURNAL.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.

JOHN K. SCUDDER, M. D., MANAGING EDITOR.

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Published by **THE SCUDDER BROTHERS COMPANY**, 1009 Plum St., Cincinnati, to whom all communications and remittances should be sent.

Articles on any medical subject are solicited, which will usually be published the month following their receipt. One hundred reprints of articles of four or more pages, or one dozen copies of the Journal, will be forwarded free if the request is made when the article is submitted. The editor disclaims any responsibility for the views of contributors.

## PHYSIOLOGICAL VS. MEDICINAL DRUG ACTION.

If you will examine the average regular text-book upon *materia medica* and therapeutics as to the *action* of some of the remedies we use daily, you will be greatly surprised, and we believe that if you give the subject due consideration you will be driven to the conclusion that the so-called "*physiological action*," upon which so much importance is placed, should be called the "*poisonous action*."

Without an exception, so far as we can now recall, the *medicinal* action, which we desire and for which we prescribe the drug, falls far short of the said physiological or toxic action. For example, we read, under physiological action: Belladonna produces double vision, dryness of the throat, choking sensations, dryness of the skin, a talkative delirium, a transient flushing, or erythema, etc., etc.

When we produce any of these symptoms by administering belladonna, we are somewhat disturbed at the carelessness manifested in giving such large or overdoses. We all know that there is no remedy so decisive and satisfactory in its action as the proper-sized dose of belladonna. (We can not say so much for its alkaloid atropine.) Given a case in which there is evidence of poor capillary circulation in the blue hands, finger tips, lips, etc.; cool skin, inclined to clamminess; dullness, hebetude, torpid, dilated, immobile pupils, etc., and you can rely implicitly upon the results that belladonna, properly given, will bring you. There is not a particle of uncertainty in the proposition. An overdose of belladonna may raise the surface temperature from 1° to 2° F., but this is never required. Medicinal doses restore capillary circulation and natural warmth to the skin.

Of bryonia we read: It is an irritant—a hydragogue cathartic. Who of us ever thinks of bryonia as a cathartic, or of it as a laxative,

or even of its having any action upon the alimentary tract? It belongs to the cucumber family, and in toxic doses, like its congener colocynth, it will do desperate things to the stomach and bowels. No doubt a gastro-intestinal inflammation would be the result of such toxicity. As a remedy, the field of bryonia is limited to *inflammations of the serous membranes* of the body. Medicinal doses *will* impress them for good. It is the remedy for *pleurisy* rather than for pneumonia; the remedy for peritonitis, the remedy for arthritis. It is classed with the anti-rheumatics, but its prescription should be limited to *articular* cases, and in these it does best in the beginning of the inflammatory action. Chronicity makes its action less certain. A hard, vibratile pulse, flushed right cheek, etc., applies most commonly in the early stage of these inflammations. Then the dose of bryonia should always be small. We are positive that the large dose aggravates nervous complications and lessens the chances of immediate improvement.

Elaterium is another remedy that is generally used. But its action is set down as being uncertain, the drug unreliable. It is therefore in disrepute with many practitioners. We read of it: A decided irritant to all tissues; perhaps the most powerful hydragogue cathartic, causing large, watery stools, griping and nausea. It is suggested as a very useful remedy in hydrothorax, hydropericardium, *ascites*, uremia, cerebral congestion, etc. While we might use it as a dernier ressort in such lesions, we think that we have for these far better remedies than elaterium. It is too harsh, too irritating, too distressing when it is given with the idea of producing its physiological action. We would limit its use to the small doses given for its direct effect upon the bladder. It is an excellent remedy in chronic cystitis when violent cramping pains attend the evacuation of the cyst. So, when the claim is made, "We use elaterium," we are likely to inquire: "How do you use it, and for what?"

Colocynth is another remedy in the same category. It is a constituent of some of the official cathartic pills. We read this of it: "Powerful, drastic cathartic; causes full, copious, watery stools, much griping; too irritant to be used alone." It certainly will do these things, and more if given for its "physiological" effect. It is a *stirring* remedy in large doses. But in medicinal doses it is just as commendable a remedy in many diseases as it is reprehensible in large doses. Give it in *very small doses*—in atonic conditions of the intestinal tract—when there is a tendency to gaseous distension, when there is spasmodic constrictive pain, tenesmus, etc., and you will be pleased with its action. Medicinal doses *cure* just such pains as are

caused by doses sufficiently large to bring about its physiological action or effects.

We read of podophyllin that it is an active irritant cathartic, slow, acting in twelve to twenty-four hours, causing copious liquid stools, and much griping; that it is especially prized as a cathartic in habitual constipation, with bilious attacks, etc. This is based upon its physiological action, and we are sure that its use, as thus indicated, must be most unpleasant and unsatisfactory.

Of lobelia we read that it causes nausea, vomiting, faintness, prostration; that it was formerly used as an emetic; that it is now almost entirely displaced by less-depressing drugs, etc.

Of iris it is said that it produces active catharsis, bilious stools; that it resembles podophyllin, though milder; that at one time it was in high esteem—at present fallen into disuse.

We might continue the list indefinitely, as far as the galenicals are concerned, but it is unnecessary. We have given sufficient examples to show that our medication is basely misrepresented in the textbooks of the day. These questions arise: Who was or is responsible for this misrepresentation? Why was it done, and how shall it be counteracted or overcome? Certainly we *know* how to use galenical remedies. This is generally admitted now. Are we to keep this knowledge within narrow confines, or is it to be made a part of the general knowledge of the profession? How? When? Where?

BLOYER.

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## THINGS NEW AND OLD.

Humorous reference to belated recognition of the merits of an eclectic remedy by an old-school contemporary is nothing new. Such recognition always avoids honest acknowledgment, and does not scruple to claim pioneer credit as a discovery. A writer in the New York Medical Record, February 23d, commenting on the statement of a correspondent that "there is neither a prophylactic nor a specific for influenza," declares, "we now have, in tinct. of gelsemium, practically a specific for almost every step, stage and variety of la grippe." He is careful to stipulate that the tincture must be made from the fresh root, as any "fluid preparation made from the dried root is valueless in influenza." No information is vouchsafed as to who made the discovery or who elucidated the fact that the fresh root must be used in making the tincture. Enough for the world to know we have it. One can't help wishing to know the source, however, as it is reasonable to infer that something else of value might be derived from the

same source. Be this as it may, the newspapers, always watchful for medical items, have not overlooked this. The New York Times heralds its announcement with the head lines, "Specific for Grip! Discovery in Medicine of Countless Value if It Proves Real!" Our own enterprising Commercial Tribune copies the Times article, giving it prominent place on the editorial page. This press announcement closes by saying, "It is comforting to know of the announcement in a reputable medical journal that a specific has been found." New as this seems to be, it is really not less than forty years old. Certain earmarks of the Medical Record article excite suspicion that the writer has a kindly eclectic competitor, or that he has been surreptitiously gleaning in the fields of eclectic literature. The directions given to prepare from the *fresh* root, and, what is more conclusive, the dose, 3 to 5 minims in 6 oz. of water, teaspoonful every 1 to 3 hours, are suggestive of anything but "regular" literature. With the zeal of a new convert he takes advanced ground; says the new remedy is "admirably indicated for the entire train of mental and nervous phenomena, the only known remedy for high fever without thirst, whatever may be the pathological indications."

The present writer graduated from the E. M. I. forty years ago. Prof. John M. Scudder then filled the chair of therapeutics. Among the many practical items given us by the famous author of "Specific Medication" was this prescription for colds, coryza and influenza: *R.*—*Tr. gelsem., tr. verat. vir., aa gtts. x; aqua pura, ℥iv.* *Mix.* *Sig.,* teaspoonful every hour until relieved. This specific has stood the test for forty years' active practice, been repeated hundreds of times in succeeding annual epidemics of la grippe. It has often occurred to the writer to wonder why his patients uniformly escaped the fatal complications so often bewailed in reports of la grippe. It only remains to say that at least forty years ago the drug firm of Wm. S. Merrill & Co., of Cincinnati, insisted upon the necessity of preparing tinct. of gelsemium from the green root. It is interesting thus to trace an important increment of therapeutical knowledge from its promulgation in this city forty years ago, with its general use by eclectics throughout the country, to its return to its birthplace, rediscovered under regular auspices.

CHURCH.

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A hasty diagnosis of ulcer of the stomach should not be made merely because the patient has vomited suddenly large quantities of blood. If the bleeding occurs at regular intervals the possibility of vicarious menstruation must be considered.



### A PECULIAR OMISSION.

When the National Pure Food and Drug Law passed the Senate, its provisions demanded that every alcoholic preparation sold to the people should, on its label, bear the proportion of alcohol contained therein. This included medicines and foods, which latter term embraced culinary preparations. When the bill was finally passed, it was found that somewhere in the course of its journey, the word "food" had been dropped from sight, for the law, as finally passed, does not include foods among those substances that need have their alcoholic proportions upon their labels. In the language of Mahlon N. Kline, of Philadelphia,

"One very curious and unexplained feature of this law should be noted. The act requires every drug which contains alcohol, morphine, opium, cocaine, etc., to bear a statement on the label of the quantity or proportion of these articles. In another paragraph it also requires every food; which contains morphine, opium, cocaine, etc., to be labeled in the same manner. But in this paragraph the word alcohol is altogether omitted from the list of substances to be indicated on the label. How this was brought about I do not know. When we consider that the word "food" in this law is defined to include everything that we eat or drink, the tremendous significance of this omission is apparent. The use of alcohol in beverages works vastly more injury to the human race than alcohol in medicines, and if there was any reason for requiring the statement of the proportion of alcohol upon all medicines (a great majority of which can not possibly be used as beverages), the argument would be much stronger for requiring it upon beverages, in many of which it may be easily disguised. We can only guess why this important word was omitted. In the Senate bill, as transmitted to the House, there was a proviso requiring labels to show in certain cases the amount of alcohol in foods; but in the re-shaping of the bill in the House it was left out altogether."—*Digest of National Food and Drugs Act and Regulations, by Mahlon N. Kline, Philadelphia.*

Let us see how this peculiar omission affects the workings of the law. The man who makes a preparation, say of aconite to be used by a physician, in which the dose is the fraction of a drop, must label the same with the amount of alcohol that is in it. The same is true of all *medicinal* substances. Now comes the maker of *culinary preparations*, who, by virtue of the same law, need say nothing about their alcoholic composition. He makes a flavoring extract of vanilla, containing the same amount of alcohol that is present in whisky. He puts it upon the market as a food product, the classification section being culinary preparations. It is, in reality, a delicately-flavored alcoholic cordial, and as such is known to both artful and artless consumers. The same is true of the man who makes an extract of lemon for *culinary* purposes, or it may be a substance labeled "nectar flavor," for the soda-water counter, or, indeed, any alcoholic mixture that he may

class with the "foods," and advertise as a "food." Need it be remarked that no more insidious alcoholic drinks are to be found on the market than the flavored cordials that can legitimately, so far as the law is concerned, masquerade in such positions as these? True, they may be used without any harmful effect, as a flavor, in the making of cake or ice cream or puddings. But they are also so pleasant to the taste and so stimulating to the user of alcoholic liquors, as to be decided improvements on cruder, simpler and more primitive forms of alcoholic beverages. Thus it is that the omission of the word "food" from the proper section of this all-important bill, which was designed to protect the people against alcoholic drinks masquerading under the name "medicines," or other side lights to the liquor business, permits the maker of such substances as we have mentioned to put into the hands of an unsuspecting or an irresponsible or an artful people alcoholic liquids delicately flavored that can be drank after the manner of legitimate alcoholic beverages, and that produce the same stimulating effect as though they were not labeled and made for culinary food purposes.

LLOYD.

### MISCALCULATION.

"One day I watched an old Dutchman repairing a platform. He was replacing a board that had been broken, and after measuring and sawing for some time he finally sat down on a pile of lumber, discouraged.

"What's the matter, Dick?"

"He scratched his head, and then replied: 'I've sawed dat tam boart off tree times, and it is too short yet.'"—Ex.

This experience of the carpenter, for such he was at the time, is not at variance with the experience of too many doctors, judging from the reports of cases in the secular press. In journal articles the rule is that it was the other fellow who made the wrong calculation or diagnosis, which ever you please to call it. Why are these mistakes made? There are many reasons, and the most-frequently-met-with cause is lack of observation on the part of the examiner. Too much reliance is placed upon the story told by the patient, or interested members of the family, and too little upon the powers of observation of the physician. In the majority of cases the patient has something to conceal from the family or the doctor; at least the attempt is made to show the patient is free from any indiscretion which might be a factor in causing the morbid condition.

The doctor should bring all the faculties into play in making his

examination, and not only upon what the patient is pleased to tell. I believe in the majority of cases, if the physician will ask few or no questions until he has looked over the case thoroughly, there would be fewer mistakes in diagnosis. The writer is more often misled in regard to the primal cause of a lesion by the misinformation conveyed than when practically no questions are asked until an opinion has been formed by elimination.

How do you determine a baby is ill? It can not tell you what ails it, nor where the seat of trouble is. Can the ordinary nurse or parent tell you? I think not. The nature and location of the disease can, in nearly every case, be located by watching the baby for a few minutes. The facial expression, the movements of the head, hands, arms, legs and body will give an idea of the condition better than fifteen minutes' explanation by garrulous individuals who miscalculate, probably not willfully, but through ignorance, or in order to conceal some indiscretion which is directly responsible for the morbid condition.

The doctor's views are biased by the false information imparted, and consequently prescribes what seemingly should be given according to the misinformation. The patient does not improve, and on the next visit there is a change of treatment, still based upon the opinion of others. This continues until the doctor asserts his individuality and good sense, a consultation when the clouds are swept away, or the undertaker is called to close the scene.

The board was too short, and the continued diminishing of the vital forces through miscalculation ended fatally. FOLTZ.

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### CARBOLIC ACID.

Carbolic acid not being the exclusive product of any chemical manufactory, nor a specialty of a proprietary firm, has not received the extravagant praises for its virtues that are conferred upon many antiseptics far inferior in effectiveness. Carbolic acid does not form a perfect solution with water; but this objection can be overcome by first combining the acid with glycerine, when the solution with water will be perfectly clear and transparent. We frequently use carbolic acid in the treatment of carbuncles, proceeding as follows: If the skin is not broken, an incision is made over the apex of the swelling. Peroxide is then applied until it no longer foams; now one end of a wooden toothpick is wrapped with a small portion of absorbent cotton, and, after dipping in undiluted c. p. carbolic acid, is thoroughly brought in contact with the interior of the carbuncle all around. A dressing of

libradol is then put on and held in place with strips of adhesive. The relief from pain following this treatment is remarkable, and there is scarcely any pain attending its application. The procedure should be repeated daily, until recovery. After the first time the patient is quite willing, even anxious for a repetition, because of the relief afforded. We have found carbolic acid, full strength, applied to minor burns an excellent remedy for the relief of pain. The acid is brushed on lightly, and turns the surface a greyish white, but gives ease at once. This should be followed by a dressing of oil or vaseline, and healing will occur without a scar. A mixture of carbolic acid, one ounce, and linseed oil, one pint, is always on hand in our office for application to the many "heats" which happen to the workmen in a machine shop near by. In the more severe burns, the grime and dirt are first removed from the burnt district and round about with coal oil or gasoline, and then the pure acid applied as above indicated. We have, as yet, seen no constitutional poisoning from absorption when using carbolic acid in this manner.

WATKINS.

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### STAPHYSAGRIA.

Young men or boys from sixteen to twenty years of age are frequently subject to nocturnal emissions, and, although not occurring with sufficient frequency to be detrimental to health, are a source of much worry to the patient. His alarm is fostered and increased by the scare-head advertisements of lost-manhood "specialists" and by the statements in the family almanac, where the reader finds interpolated with ancient jokes, recipes for making soap, and directions for care of the dog, solemn warnings that night emissions will inevitably lead to forgetfulness and general mental incompetency, if not to insanity.

The truth of the matter is, that an occasional involuntary seminal discharge in a sturdy, strong and healthy young man does no more harm than blowing the nose to relieve an over-accumulation of mucus. Seminal fluid is cheap, and no secretion of the body is so promiscuously thrown away or as quickly renewed, especially in the young. When the discharges of this fluid are profuse and continuous, then, of course, treatment is necessary.

Our greatest effort in many cases should be toward relieving the mind of the patient and in showing him by a little judicious advice that he is in no danger of immediate mental collapse. Our favorite prescription for these conditions is: Staphysagria, dr. 1; pulsatilla,

dr. i ; bromide potas., dr. i ; simple syrup, oz. iv. Mix. Dose: Teaspoonful every four hours. We have had some "brilliant results" from this combination, which we have used in practice for thirty years.

WATKINS.

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### WITH ALL THY FAULTS.

The editor of the New York State Journal of Medicine reports, in the Journal of the American Medical Association, February 6, page 446, in support of an argument in favor of the single Board bill, that "the one weakness to which we wish to call attention is that the State of New York is keeping alive the so-called schools of medicine, which should not be regarded as separate schools. The Homeopath and Eclectic are not so peculiar in the essentials of medicine, and so far as their therapeutics is concerned, they differ no more from each other and from the regular practitioner in actual practice, as do the *regular practitioners among themselves*."

In other words, this man, who holds a distinguished position in the regular profession in New York State, boldly uses the faults of his own school of medicine to bolster up his argument, admitting that there is more variety of opinion on therapeutics among the members of their own school than there is between Eclectic and Homoeopaths. Is not this a sad commentary?

SCUDDER.

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### ERGOT.

We have found the exhibition of ergot to be rarely called for as an excitant to uterine contractions during labor. Although always in our obstetrical bag, along with chloroform, forceps and other paraphernalia, we hold it in reserve for other purposes. Our most frequent use of ergot has been the combination of this remedy with tr. oil cinnamon, given in teaspoonful doses, for the arrest of hemorrhage, whether postpartum or otherwise. In some cases, when there was pain as well, we have added one-eighth or one-quarter grain morphia to the ounce, and this mixture has worked well. However, not only in uterine hemorrhage, active or passive, but also in hemoptysis this combination has served us, and we have been gratified with the results following its administration in intestinal hemorrhage and in profuse nasal flow. Ergot and cinnamon, with a tinge of morphia, will be of value in hematuria, whether the source be renal or cystic, and will bear a trial in all cases where the exact hemorrhagic location can not be determined. In dysentery, where the discharges

consist almost entirely of blood, it is our practice to administer a tablespoonful of castor oil, after the operation of which the case may readily yield to the ergot-cinnamon-morphia mixture. WATKINS.

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#### A TOOTHACHE REMEDY.

Physicians, especially those practicing in the country, are frequently called upon for a remedy for that exceedingly annoying condition, toothache. Although the complaint may appear trifling and of no serious aspect, still to the patient it is of insistent importance, and the aching molar occupies more of his attention than any other worldly thing. To bring comfort to these sufferers will often make firm friends, who will be of value in more serious matters later on. We may, as a rule, refer such patients to a dentist, but sometimes this is not practicable, and so we must do something. We have used the following mixture as a pain-reliever in toothache for several years:

R.—Cocaine (10 per cent. sol.), gtt. xv; carbolic acid, gtt. xv; creosote, gtt. xv; chloroform, gtt. xv. M.

A small pledget of cotton is saturated with the remedy and carefully wedged into the cavity. Pain will be relieved, but care must be taken not to allow the fluid to touch the tongue or gums, for it will vesicate. This toothache medicine has been called the 4 C's, or the "Big Four," by the druggist who has filled the prescription many times.

WATKINS.

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#### CALCIUM SULPHIDE.

A boil is of considerable interest to the individual upon whom it is located. It is one of the ills of life incapable of relief by divine healers and faith curists. This cult may cure tuberculosis, locomotor ataxia or rheumatism by prayer, but stand helpless and defeated in the presence of a furuncle. Even the Prophet Isaiah, whom we may presume stood in as close relation to the Divine Presence as our modern healers, did not by faith alone cure the boil on King Hezekiah, but "took a lump of figs and laid it on the boil, and he recovered." After a boil is well under way it can not be aborted or turned aside. The heat and moisture afforded by a poultice will expedite matters and hasten suppuration, which is the best way out of trouble in these cases. As a remedy for preventing successive crops of boils we have found none better than calcium sulphide. We know of no other that is so dependable. We prescribe the drug in one-fourth gr. tab. trit., directing that one shall be taken before meals. The medication should be continued for three or four weeks, or for a sufficient length of time to obtain permanent results.

WATKINS.

**COMMENCEMENT EXERCISES.**

The sixty-second annual Commencement Exercises of the Eclectic Medical Institute were held at the Scottish Rite Cathedral, Cincinnati, Wednesday evening, April 17. The following programme was rendered :

1. Music—March, "The American" . . . . . Morse
2. Invocation . . . . . Rev. Herber D. Ketcham
3. Music—Overture, "Happy Land" . . . . . DeKoven
4. Dean's Report . . . . . Prof. Rolla L. Thomas, M. D.
5. Music—Intermezzo. "Golden Rod" . . . . . Mabel McKinley
6. Conferring Degrees .. Hon. Aaron McNeill,  
President Board of Trustees
7. Music—Cornet Solo, selected . . . . . Mr. Fred. Weiss
8. Address . . . . . Hon. John E. Bruce
9. Music—Danse Elegante, "Rosebuds" . . . . . Eugene
10. Benediction . . . . . Rev. Herber D. Ketcham
11. Music—Finale, "E M. I." . . . . . Weber

The following is a list of the 31 graduates :

Van I. Allen, Minnesota.	Earl G. McLaughlin, Illinois.
Carl W. Beane, Ohio.	Nelson McLaughlin, Ohio.
Vandiver L. Bell, Ohio.	P. Henry O'Hara, Ohio.
Elijah R. Blough, Penn'a,	Julia C. Power, Iowa.
Jacob T. Bowman, Penn'a,	Daniel E. Rausch, Ohio.
Edward J. Buten, Kentucky.	Jesse Saxton, Florida.
Howard C. Dahm, Ohio.	Joseph C. Shafer, Illinois.
Joshua C. Dickinson, Ohio.	Fred. M. Sponseller, Ohio.
George H. Granau, Iowa.	W. Cullen Squier, Indiana
William B. Hartwig, W. Va.	J. Walter Thornbury, W. Va
Charles M. Hoag, Arkansas.	Nellie Van Horn, Ohio
Charles E. Horner, Kentucky,	Pina M. Welbourn, Indiana,
Allen C. Jenner, Illinois.	George D. Whitacre, Ohio,
Harold Kahle, Penn'a,	Emil G. Winter, Indiana,
Pliry M. Marshall, Penn'a,	Byron W. Wood, Kentucky,
William York, W. Virginia.	

**OHIO ECLECTIC MEDICAL ASSOCIATION.**

Arrangements have been completed for the forty-third annual meeting of the Ohio Eclectic Medical Association at the Hollenden Hotel, Cleveland, May 7-9. Everything looks favorable for one of the best meetings in the history of the Society. To have an excellent program of nearly 75 papers, and the interest manifested throughout the State shows an awakening of the Eclectics.

The social features this year will be the best we ever had. Tuesday evening Prof. John Uri Lloyd will give an illustrated lecture on his recent trip abroad. This will be a rare treat. On Wednesday evening will be the annual banquet. All in all, the great convention city of the North is ready to entertain you, and you will miss it if you fail to go:

W. N. MUNDY, Sec'y.

W. K. Mock, Pres.

### NATIONAL ASSOCIATION BULLETIN FOR MAY.

In presenting the list of section officers, whose duty it is to solicit articles and essays for the National Association meeting, as well as to preside over the respective sections in their sittings, let us urge and bespeak for them prompt and courteous replies to their letters.

Whether you are solicited or not, if you have an essay or an article on some important or interesting subject, bring it along; or if it is impossible for you to attend, send it to the Secretary, and have it reported in the proper section, and thus aid in the work of making the meeting and the Transactions interesting and instructive.

This splendid array of officers can not alone make a successful meeting. Individual co-operation is necessary, and we trust that all will loyally support each endeavor, that all alike may rejoice in the attainment of success. Very fraternally, W. P. BEST, Rec. Sec.

### Sections and Officers for the National Eclectic Medical Association.

*To be held at Hotel Alexandria, Los Angeles, Cal., June 18-21, 1907:*

**Materia Medica and Therapeutics.**—Pres. Mont M. Hamlin, 2809 Lawton avenue, St. Louis; Vice Pres. H T Webster, 1914 Myrtle st. Oakland, Cal.; Sec. Pitts E Howes, 708 Washington st. Dorchester District, Boston,

**Practice of Medicine.**—Pres., H H Brockman, Eldon, Mo.; Vice Pres., C. Edwin Miles, 128 Warren street, Boston Highlands; Secretary, E B Shewman, Waynesville, Ind.

**Electro-Therapeutics and Vibratory Massage.**—President, G Adolphus, 712 Anstell Building, Atlanta, Ga.; Vice President, D A Stevens, 1495 Madison street, Chicago; Secretary, J B Davis, Pontiac, Ill.

**Orthopedic Surgery.**—President, E J Farnum, 108 State street, Chicago; Vice President, H J Henderson, Astoria, Oregon; Secretary, G W Fraker, Kansas City, Mo.

**Surgery.**—Pres. Pearl Hale Tatman, Eureka Springs, Ark.; Vice Pres. O C Welbourn, Grant Building, Los Angeles, Cal.; Sec'y, John Perrins, 318 Tremont street, Boston.

**Specific Diagnosis and Medication.**—President, F H Beals, Mattoon, Ill.; Vice Pres., M E Daniel, Honey Grove, Texas; Sec'y, J P Harvill, Wilcox Building, Nashville, Tenn.

**Pediatrics.**—President, W N Mundy, Forest, O.; Vice Pres.. J B Duvall, 101 Whitehall street, Atlanta, Ga.; Sec'y, Hannah S Turner, Pomona, Cal.

**Ophthalmology, Rhinology, Otology and Laryngology.**—President, M. B Ketchum, Temple Auditorium, Los Angeles, Cal.; Vice Pres., W S May, Little Rock, Ark.; Sec'y, J P Harbert, Bellefontaine, O.

**Obstetrics.**—President, P C Clayberg, 3809 Park avenue, S. Louis; Vice President, J H Goss, Decatur, Ga.; Sec'y, M B Morey, Gonzales, Texas.

**Dermatology, Syphilology and Neurology.**—President, H Ford Scudder, Long Beach, Cal.; Vice President, J V Stevens, Jefferson, Wis.; Sec'y, C E Laws, Fort Smith, Ark.

**Gynecology.**—President, Elzie B Thomas, 121 Park street, Atlanta, Ga.; Vice Pres., J M Mulholland, Pittston, Pa.; Sec'y, Carl G Winter, 14 W. Ohio street, Indianapolis, Ind.

**Genito-Urinary Diseases.**—President, J D Robertson, 481 West Monroe street, Chicago; Vice President, W N Holmes, Wilcox Building, Nashville, Tenn.; Sec'y, S J Stewart, Lincoln, Neb.

**Congress of Tuberculosis.**—Lyman Watkins, Chairman, Blanchester, O. J M Mulholland, Pittston, Pa.; G G Gere, San Francisco, Cal.; Mary B Morey, Gonzales, Texas; W H Gage, Colorado Springs, Col.; J F Taylor, Salt Lake City, Utah.



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**Because** of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

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"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. Norton, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

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ERPIOL contains no aloes and acts as a direct emmenagogue, and not as the indirect result of irritation of the rectum and other pelvic viscera.

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# THE ECCLECTIC NEWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**Biographic Clinics. Influence of Visual Function upon Health.** By George M. Gould, M. D. Volumes IV and V. \$1.00 per volume. P. Blakiston's Son Co., Philadelphia.

These books consist of essays describing the influence of visual function, pathological and physiological, upon the health of patients. The articles are for the most part based upon clinical cases, and the histories are exceptionally complete. The author insists upon a cyclopeic refraction, especially when their former fittings have been unsatisfactory, as in cases of astigmatism, and justly corrects 0.25 D astigmatism. The use of a 0.12 D cyclimeter is often required to give relief from asthenopic symptoms.

The indiscriminate tenotomies, or so-called tenotomies, also receive their share of attention. The accurate adjustment of frames for each patient is insisted upon, and all the apparently insignificant details of careful refraction are mentioned.

The value of the series to the specialist and also to the general practitioner is unquestioned, and the price is so moderate, the books should have a large sale.

K. O. F.

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**A Manual of Obstetrics.** By A. F. A. King, M. D. 12mo, 688 pages, with 30 illustrations and three colored plates, Cloth, \$2.75 net. Lea Brothers & Co., Philadelphia.

King is one of the perennial books. It is now beginning its second quarter century with its tenth edition, and has spanned with vigor the most active and exacting period in medical history. No other obstetrical book extant has such a record. Every fact has a reason, and the ever growing favor bestowed on King can have but one basis, namely merit. The author combines the faculties of a teacher and practitioner and accordingly has been able to select what is important and to present it clearly. The student thus easily acquires a grasp of everything essential, and the accoucheur can turn to these pages for reference on

any point of practice. Suiting both classes of readers, this single handy volume receives their combined demand, and hence goes through successive editions, enabling the author always to keep it revised to date, as he has just done again, with considerable enlargement both in text and engravings, and with the addition of colored plates. This is one of the best allopathic works, and should not be confused with Prof. John King's American Eclectic Obstetrics. J. K. S.

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**A Pocket Formulary.** By E. Q. Thornton, M. D. Eighth edition, revised. Cloth, \$1.50. Lea Brothers & Co., Philadelphia.

The most important changes have been made in having this edition conform to the recent changes in strength of preparations in accord with the recent revision of the U. S. P. These are important, as some have been doubled, others reduced as much as 75 per cent.

As far as a formulary goes, this one is no doubt the equal of any, and the superior of many; but the formulary idea is wrong. There can be no cut and dried treatment of any disease. The study of a formulary tends to lessen the direct study of medicine. Diagnosis is something; treatment is everything, and you can not successfully fit formulas to disease names. W. E. B.

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**A Manual of Pathology.** By Guthrie McConnell, M. D. W. B. Saunders Co., Philadelphia. Flexible leather, \$2.50 net.

This work is well gotten up, text matter clear and brief, cuts and drawings distinct, and is an excellent book for the busy physician, as well as the student. It is not intended to take the place of an extended pathology, but to give the salient points briefly and yet clearly. A good book to own, and well worth the price. J. L. P.

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**A Manual of Normal Histology and Organography.** By Charles Hiil, M. D. W. B. Saunders Co., Philadelphia. \$2.00 net. Flexible leather.

This is an excellent histology for the beginner; the diction is plain and distinct, cuts and engravings clear, and the name of each part placed on the cut, instead of the usual foot-note. This, in my judgment, enhances the value of the work as a text-book very much. The technique given is only elementary. J. L. P.

---

**Essentials of Obstetrics.** By Charles Jewett, M. D. Third edition. 12mo., 413 pages, 80 illustrations. Cloth, \$2.25. Lea Brothers Co., Philadelphia.

The beginner in obstetrical study could do no better than to study carefully this little book. It would afford much instruction to all practitioners if they would read its pages, as it contains much real

## **"SPECIFIC MEDICATION AND SPECIFIC MEDICINES."**

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows:

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no SPECIFICS *for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

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JANUARY, 1907

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Observe that the original bottle, the wrapper, and the box, is, each of them, labeled as the law demands.

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J. R. S.

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**Paraffin in Surgery.** By Wm. H. Luckett, M. D., and I. Horne, M. D. 12mo, 118 pages, 38 illustrations. Cloth, \$2.00. Surgery Publishing Co., New York.

This book covers a special field in surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by these authors in the use of paraffin have exploded many fallacies previously maintained. It presents the chemistry of paraffin, the early disposition of paraffin in the tissues, physical state of the paraffin bearing on its disposition, the ultimate disposition of paraffin, technic and armamentarium. It thoroughly covers the use of paraffin in cosmetic work, such as saddle nose, deformity, depressed scars, and hemiatrophia facialis. Full details are given as to the method of preparing the paraffin, as well as the manner in which it should be injected.

J. K. S.

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**An Epitome of Diseases of the Nose and Throat.** By J. B. Ferguson, M. D. 12mo, 243 pages, with 114 engravings. Cloth, \$1.00 net. Lea Brothers & Co., Philadelphia.

In this little book the diseases of the nose and throat most frequently met with are quite fully given. Considerable attention is given to surgical work, and usually the directions are explicit. The illustrations are usually good, and the work doubtless will have a ready sale.

In consideration of the increasing abuse of cocaine by the laity, it seems inconsistent to use the drug as freely in the form of sprays, etc., as recommended in this book. Too much care can not be exercised in keeping this drug out of the hands of irresponsible persons.

As students' manuals are in constant demand, there is doubtless a good and sufficient reason for these, and of course the demand must be supplied.

K. O. F.

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**The Eclectic Practice of Medicine.** By Rolla L. Thomas, M. D. Published by Scudder Brothers Co., Cincinnati. Cloth, \$6.00.

This work is of a more pretentious character than any practice that has been written by an Eclectic writer. It is arranged very similar to the works of the old school, pathology being fully treated according to recent research, and compares very favorably with the works of any other school. The book is a Godsend to the Eclectic fraternity, and stands in a class alone. The germ origin of disease, as far as known,

is given in detail. All in all, the book is broad and liberal, as befits a great writer. The treatment, as would be expected, is given in all the fullness that the Eclectic practice demands. Specific medication is followed closely, no fads or fancies are exploited; the author stands at all times on solid Eclectic teaching. No Eclectic would be without the book if he could see it. Every other doctor of other schools could profit by its study. We congratulate the author.—D. A. STEVENS, M. D., *Editor Chicago Med. Times.*

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**Utah Medical Law.**—The State of Utah passed a new medical law in March. It is a single board bill, nine members. A diploma and examination are necessary. Dr. Charles L. Olsen, of Murray, Utah, has been re-elected as the Eclectic member. Osteopaths must have the same general medical knowledge and preliminary education prior to examination. The Board is allowed to revoke licenses for criminal conduct or advertising, malicious untruths, and for habitual intemperance. A clause relating to reciprocity will give the Board full powers.

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## COLLEGE AND SOCIETY NOTICES.

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### **Instructions to National Delegates Regarding Railroad Tickets.**

The dates of sales of tickets to Los Angeles or San Francisco will be, in Eastern territory, June 8-12th; in Central territory, June 8-15th; in Western territory, June 9-16th. The going limit will be August 26th. Stop-overs will be allowed on the going journey at and west of Missouri river common points which are on a line with Kansas City. In purchasing tickets be sure they read over the route you propose to travel in going and returning journey. Those who intend returning via Portland will purchase tickets to San Francisco, with stop-over at Los Angeles. Others will purchase tickets to Los Angeles.

Tickets must be validated at Los Angeles or San Francisco before starting on return journey. The validation fee will be 50 cents. The Joint Agent where tickets are validated in Los Angeles is located at 217 West Second street; in San Francisco at 789 East Market street. Return journey must begin on date of validation.

Those who will return via Salt Lake City, Denver, Colorado Springs and Manitou must have their tickets validated every six days by having a validation paster attached at stop-over point which extends date; e.g., if after leaving Los Angeles, say June 22d, we stop over at San Francisco so long that we can't reach stop-over point by June 28th, we must have validation paster put on our ticket at San Francisco the day we leave there, giving us six days more until we will have to obtain another extension of time. No charge will be imposed for validations made during return journey. The only other validation necessary will probably be at Colorado Springs, No. 1 Pike's Peak avenue. The final



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Besides all this, **every new observation or approved fact** concerning any of the remedies of the book is added, thus bringing the book up to the 1st day of April, 1905. Fifth edition.

The Index is rewritten, and entirely reset in different type.

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We will send our literature to any one whose name you will give us. We believe that we can convince them that our institution offers better facilities for the study of pure Eclecticism and Specific Medication than any other in the country.

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return limit is August 31st. At stop-over points where tickets are to be validated they must be deposited at Joint Agency whose addresses are given above, immediately upon arrival.

Those who return via Portland need not have their tickets validated during the return journey. On tickets from Texas and Louisiana and points between Albuquerque, N. M., and Deming, N. M., inclusive, one way via Portland, \$17.50 must be added to direct line rates, and no rate shall be less than \$68.90. From Eastern and Central points the rate is \$12.50 additional.

H. H. HELBING, Cor. Sec'y.

**The Tau Alpha Epsilon Fraternity** met in regular session Saturday evening, March 23, 1907, and the following officers were installed for the ensuing year: Earl W. Horswell, E. A.; Geo. E. Black, D. E. A.; C. C. Hamilton, Scribe; D. S. Strong, M. E.; A. C. Krumpelbeck, Prelate; A. C. Prichard, M. G.; W. K. Dyer, Chron.; E. E. Watson, C. T.; H. F. Killen, I. W.; L. W. Page, O. W.

Brothers Wood, McLaughlin, Dahm and McLaughlin are now numbered among our honorary brethren. May their path in life be strewn with "carnations" of success. May the "blue of the skies" and the "yellow" rays of the sun ever remind them of the T. A. E. and happy college days.

Brothers Thomas, Church, Smith and Dash were with us last meeting, and gave us many good suggestions for the betterment of the T. A. E.

The First Annual Dance of the Tau Alpha Epsilon Fraternity was held at the Walnut Hills Mansion April 2d, 1907. Forty couples were present and a good time reported by all.

Brother Greeks, because you have passed beyond the portals of the E. M. I. and your fraternity, do not think that you are lost to all but your patients. Write your fraternity of your whereabouts, and let us hear from you at least twice a year.

We are pleased to inform our older brothers that a new chapter of the T. A. E. has been installed, and a National Fraternity is our next step in the upward stride. Lend a helping hand, and it will soon be a reality.

A. C. Prichard, '08, was taken from the realm of the barbarians and enrolled among the Greeks March 9, 1907.

W. K. DYER, Chronicler.

#### **E. P. NOTES.**

Theodore Doyle, M. D., who is a graduate of the American Medical College, '78, and also a graduate of the Kansas City University, and likewise a student of six months of the Bellevue Hospital of New York City, has recently become a full-fledged honorary member of the Eclectic Philomathean.

Brothers Myron Hanna of Haviland, O., and G. R. Cooper of Childress, Texas, have remembered us quite recently with very excellent letters. We are always glad to hear from and of those who are in actual practice.

A. M. UPHOUSE, Reporter.

The forty-seventh annual session of the Eclectic Medical Society of the State of New York was held at Albany March 6th and 7th. Dr. Boskowitz presided; Dr. King, recording Secretary. The meeting was quite large, and important business was transacted. The Society was unanimous as expressed by resolutions opposing the so-called One Board bill now before the Legislature. Prof. Lloyd of Cincinnati and Dr. Howes of Boston were guests of the association. The officers elected for the next year include: President, G. W. Thompson, New York City; three vice-presidents; Treasurer, W. J. Krausi, Brooklyn; Recording Secretary, E. H. King, Saratoga; Corresponding Secretary, G. W. Boskowitz.

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The thirty-third annual meeting of the Georgia Eclectic Medical Association was held at the New Kimball Hotel, in Atlanta, April 2d and 3d. Dr. J. R. Duvall presided. On the evening of the first day the Commencement exercises of the Georgia College were held at the Grand Opera-house. Further details of the meeting will be printed later.

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The annual meeting of the Pennsylvania Eclectic Medical Association will be held at Harrisburg May 15th and 16th; headquarters not yet announced. Dr. Watkins of Cincinnati will be the guest of the association. Further particulars can be obtained from the secretary, Dr. Nannie M. Sloan, Latrobe, Pa.

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The Kansas Eclectic Medical Association will hold its next meeting at Kansas City June 11th and 12th. The officers trust that this will be one of the best meetings in the history of the society. Being held on the same days as that of the Missouri society, arrangements will be made to hold at least one joint meeting. Get a certificate of purchase from the ticket agent when buying your ticket. The program will soon be sent out to every Eclectic in the State. For further particulars address Dr. F. P. Hatfield, Secretary Glareno, Kas.

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The annual meeting of the Ohio State Eclectic Medical Association will be held at the Hollenden Hotel in Cleveland, Tuesday, Wednesday and Thursday, May 7, 8, and 9. Programs will soon be mailed to the members by the Corresponding Secretary, Dr. J. J. Sutter, Bluffton.

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The annual meeting of the Eclectic Medical Association of West Virginia will be held at the Hotel Windsor, Wheeling, May 14 and 15. Dr. Charles Gregory Smith, of Cincinnati, will be a guest of the Association. Programs can be secured from the Secretary, Dr. J. A. Monroe, of Wheeling.

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The thirty-ninth annual meeting of the Illinois Eclectic Medical Society will be held at Chicago, May 8-10. Particulars can be secured from the Secretary, Dr. W. E. Kinnett, Peoria. Drs. Russell and Hagen will be guests of the Association.

---

The Wisconsin State Eclectic Medical Society will hold its annual meeting at Madison, May 28 and 29. Programmes can be secured from the Secretary, Dr. J. V. Stevens, Jefferson.

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Carr—Practice of Pediatrics—Octavo, 1014 pages, finely illustrated.....	6 00
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The twenty-seventh annual meeting of the Arkansas Eclectic Medical Association will be held at the Marion Hotel, Little Rock, May 8-10. A very interesting program has been arranged. Dr. Thomas, of Cincinnati, will be one of the guests of the Association. Programs can be obtained from Dr. J. L. Vail, Little Rock.

The thirty-first annual meeting of the State Eclectic Medical and Surgical Society of Michigan will be held at Grand Rapids, May 8 and 9. Dr. J. E. G. Waddington, Warren avenue, Detroit, who is now President of the Association, urges every Eclectic in the State to be present and assist them in making a close organization for protective purposes. Dr. W. B. Church, of Cincinnati, will be a guest of the Society.

The annual meeting of the Tennessee Eclectic Medical Association will be held at Nashville, May 14 and 15. An interesting program has been arranged and a large attendance is anticipated. Dr. Kent O. Foltz, of Cincinnati, will be a guest of the Association. Programs of the meeting can be secured from the Recording Secretary, Dr. B. L. Simmons, Granville.

The Oklahoma Eclectic Medical Association meets at Chamber of Commerce Hall, Oklahoma City, May 16 & 17, commencing at 10 a. m. of the 16th. A large attendance of Oklahoma Eclectics and an enthusiastic meeting is expected.

The Eclectic Medical Association of Missouri will meet at Kansas City, June 11 and 12. Dr. G. W. Fraker, Kansas City, is Corresponding Secretary.

## PERSONALS.

Married—At Weston, West Virginia, Dr. George Snyder, E. M. I. '89, and Miss Irene Belle Turner.

Died—At Latrobe, Pa., April 4th, Dr. E. W. Blackburn, E. M. I. '85.

We regret to learn of the recent death of Mr. Theodore D. Buhl, late President of Parke Davis & Company, of Detroit, Mich.

Good location at Mount Victory, Ohio. A young Eclectic could do well, and a good living be made from the start. For further particulars address, with stamp, Dr. B. B. Morrow, Muncie, Ind.

Dr. Allen Bush, Morgantown, West Virginia, E. M. I. '99, has just been appointed by Governor Dawson as a delegate to the American Antituberculosis League, which will meet at Atlantic City in June.

The Governor has appointed Dr. W. R. Schussler, of Orland, Illinois, as the Eclectic representative on the Board of Health of that State, vice Dr. Hipp, deceased. Dr. Schussler is a graduate of Bennett, a member of both State and National societies, and will undoubtedly fill the position with great satisfaction.

The manufacturing department of the Kress & Owen Company was visited by a disastrous fire on March 4th, but, owing to the fact that a duplicate stock was kept in storage, the firm is enabled to fill orders

almost immediately, and in a short time will be prepared to continue the manufacture of their product, Glyco-Thymoline. We regard this as quite a record.

Any physician who will send me \$1.00, and also one tried and almost never-failing remedy for any one disease, will receive my little book called *Specific Cure*—worth ten times that to any doctor. For particulars address

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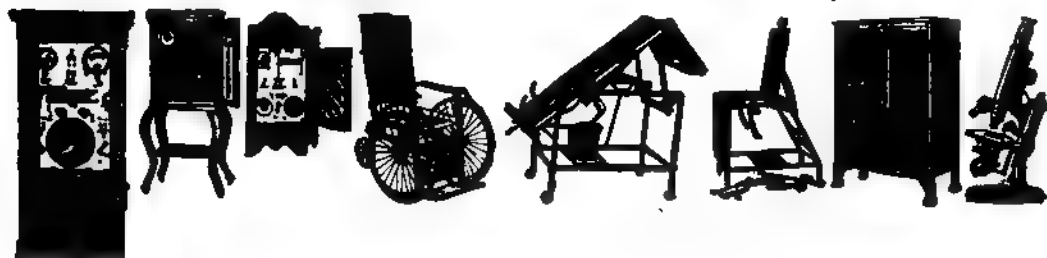
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## Original Communications.

### TREATMENT OF FRACTURES.\*

By W. B. Church, . D., Cincinnati, O.

Preliminary to considering in review the management of special fractures, it has seemed best to devote the present hour to treatment of fractures in general. In the light of recent improved methods, it is necessary to discard many of the teachings, and much of the practice which have for years been regarded as authoritative, and settled beyond dispute.

The presumption is, that a competent surgeon can restore a broken bone to full function, with no resulting deformity. This is the popular belief, and it is not wholly unreasonable. The cases so severe as to preclude hope of complete restoration are closely limited to such crushing injuries as actually destroy the vitality of a member, and demand excision or amputation. Bone surgery is largely a matter of anatomical knowledge and mechanical skill. In neither of these aspects is marked advancement noted in recent times. It was inevitable, however, that in the general and earnest efforts to advance the status of medicine and surgery during the past two or three decades, the unsatisfactory showing made in this department should attract attention.

There were too many concessions made to bungling and wretched work by our surgical writers. Impotent conclusions were often reached that results were largely a matter of chance, even under the best treatment. Such admission was made in regard to Colles' fracture by no less a master of the art than the lamented Professor Howe. The excellent text-book we are following in this course admits that in many cases of fractured clavicle, it is impossible, by any treatment that can be endured, to avoid deformity. Many writers concede that

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\* A Lecture delivered to the Students of the Eclectic Medical Institute.

shortening is a necessary incident of most fractures of the femur. Such concessions have been consoling to defendants in mal-practice suits, but indicate a lower plane of efficiency and usefulness than we like to contemplate. Barely to escape a verdict of damages, is a triumph that does not appeal to an ambitious surgeon. Neither is there real satisfaction when a very complacent patient accepts, it may be with gratitude, results which are painfully short of our ideal. I have before referred to a young man who, in my office recently, exhibited with pride, a leg which had suffered fracture of the tibia some years ago. The usual deformity caused by projection forward and inward of the upper fragment, and drawing up of lower fragment behind the upper, had not been corrected, and the leg was one and a half inches short. Nevertheless, he was voluble in praise of his doctor, because of what had been saved to him of a leg, injured, in his opinion, as no leg was ever injured before. Incidentally he stated that the treatment and total disability extended over a year.

Such grateful tribute to very poor service will be very rare in the near future. Disability and deformity will not be excused or lightly regarded; the standard is certain to be raised, with the result that courts and juries will be more and more inclined to assess damages whenever cases are brought before them. You are all familiar with the story of the progress which has been made in medicine, on which we so much felicitate one another. Scarcely less marked is the contrast between the old and new bone surgery. The deformities, resulting from unskillful management of bone injuries, will soon become as rare as have those formerly so common, due to mercurialization, and as little tolerated. A more enlightened treatment was as much a necessity in one case as in the other. It may as well be understood that you can not afford to treat your fracture cases by the old methods which are fast becoming obsolete. Your first cases will do more to determine your professional standing, in the community where you locate, than a season of ordinary sickness. Most cases of illness will recover, good as new, under very indifferent treatment, even under that diaphanous thing known as expectant treatment; here the stars in their courses will work for you. The result of your fracture cases will be positive evidence for or against you that can not be gainsaid. If not good, it will speak for itself, and in language that every layman can understand. The higher standards of the profession and laity as well, sure to prevail, should be welcomed by you, and stimulate you to perfect your anatomical knowledge, and acquire a working familiarity with the very latest approved treatment. As already intimated, an

unfortunate result can be traced to improper treatment in nearly every instance. Nearly always, too, the victim will be disposed to consider his misfortune wholly due to your lack of skill, thereby establishing relations that, to say the least, are most unpleasant and undesirable.

I wish, now, to call our attention to what I deem some of the chief reasons for the large number of poor results which still attend the practice of bone surgery. Too much stress is laid on the necessity for immediate complete immobilization, leading to many cumbrous and wearisome devices to secure this at all hazards. There is a pronounced tendency to attack the disabled member *vi et armis*, and scrouge it into some semblance of its former shape and relations, and then immediately bind upon it some unyielding apparatus, with the single aim of preventing the slightest movement of the fragments. When union is delayed, or non-union results, it is thought the dressing must have been disturbed, or in some way was ineffective to prevent motion. That such immobility is not so absolutely essential, is shown by the fact that fragments, nailed or wired to perfect fixation, may fail to unite; also the further fact, that fractured ribs and the clavicle, which can not be dressed so as to wholly prevent motion, always unite, even when imperfectly adjusted. The exemption here is no doubt due to the fact that these bones can not be so constricted by splints and bandages as to obstruct the circulation. The excessive importance attached to the breaking of a bone, both by profession and laity, is hard to understand. The first question asked, on hearing of any accidental injury, invariably is, "Were any bones broken?" It is in many ways made evident that an injury which comes short of breaking a bone must fail to excite much commiseration. Lesions suffered by other structures are regarded lightly in comparison, but if there is reason to fear a bone is broken, all diligence is used to secure immediate surgical aid. The doctor and friends alike concentrate attention and treatment on the fractured bone; such lesions, as may have been incurred by the soft parts, are considered only as they may tend to aggravate the fracture. To set the broken bone, and apply the necessary splints and bandages, is the first consideration; the quicker it is done the better, lest swelling ensue, and make adjustment more difficult. It is expected there will be a good deal of subsequent pain, and quieting medicines are ordered, to be increased as pain requires. Subsequent attention is mainly directed to correcting any tendency of the dressing to become loose, and cautioning against meddling with, or too early removal of the splints. After the specified number of weeks expires, it is usual to advise that one or two weeks more will make

union firmer, and the result in all respects more certain and satisfactory. The advice seems to the patient and friends eminently judicious, and is likely to be acted upon, often adding a few days for good measure. Not to tax your patience with details of further delay, and disuse, by which all the tissues of the limb, including bone, are atrophied and weakened, prolonging disability month after month, as all have had frequent occasion to observe, I proceed to admonish you to pursue an entirely opposite course. Let the various lesions of the soft parts first engage your attention. The bone, if necessary, can wait; it is the one constituent of the injured limb that will not suffer from a considerable delay. The urgency of the cases arises chiefly, if not wholly, from the contusion and laceration of the muscles, tendons, blood vessels, lymph channels, and nerves. The consequences are, beside deformity, pain and disability, immediate swelling from extravasations of blood and lymph, directly obstructing the circulation of these fluids, upon which the work of repair depends. Instead of still further impeding the circulation by pressure of splints and bandages, you will see that all constricting and compressing conditions are remedied. You will place the limb in as comfortable position as possible, supporting by cushions or sand-bags, if needed, to secure rest; then, by hot fomentations, or hot and cold alternately, and especially by effleurage and massage, encourage the flow of blood and lymph through the bruised and tortuous channels. This treatment, continued for half an hour or hour, will greatly promote comfort, reduce swelling, congestion, and tension, by hastening absorption of extravasation. The tissues will now be less engorged and unyielding, and no extreme degree of force will be needed to adjust the fracture. Some cases will have no tendency to recurrence of displacement, but, in most cases, especially oblique fractures of long bones, we will not expect to keep the fragments in close apposition for several days. Meantime we will content ourselves with just sufficient traction before each massage treatment to overcome the muscular action causing displacement. This will be easier done each succeeding day. After from three or four days to a week, swelling and tenderness having quite abated, adjust the fracture with great care; test it by observation of relative position of all bony prominences involved, also by measurements and comparison with sound side, and apply a retentive dressing. Leave this undisturbed for about a week. For the next two weeks the dressing should be removed at least every other day for massage, with passive and active movement, and then laid aside altogether. A longer use of splints is unnecessary if treatment has been applied as above directed, including,

of course, accurate adjustment. Imperfect adjustment entails excessive provisional callus, and many uncertainties not subject to any rules. Open fractures must be disinfected and receive, in addition to above, appropriate treatment for open wounds. If you are fully grounded in these fundamental principles of treatment applicable to all fractures, you are now prepared to take up the treatment of the various special fractures, including such as require open treatment.

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### TRAVEL AND REMINISCENCES.

By V. A. Baker, M. D., Adrian, Mich.

Thinking your numerous readers may be interested in reading a brief account of my winter trip in the South, and of a month's stay in Cincinnati, and of some things I observed while there, I note them:

On my way down I met, in Cincinnati, a life-long friend, Dr. C. E. Heaton, of Baldwinsville, N. Y., who was my companion-de-voyage. Through the generous dealings of the L. and N. management, one can travel days and rest nights, if they so desire, which we took advantage of, stopping, on our way down, at Nashville, Birmingham and Mobile, our destination being Bonsecour, some forty miles further down the coast on a river of that name, where we went solely for fishing and gunning, but made a failure of it, as net or seine fishing is carried to the extent of spoiling angling with the rod and line. So we only remained about ten days, and came back to Mobile in time to witness the Mardi Gras, finally remaining there a month, enjoying the climate and our stay very much. The hurricane that swept through that region in September last is still in evidence, not only in and about Mobile, but all along the coast, and through the forest around Bonsecour and Magnolia Springs. On our way back from Mobile to Cincinnati we visited Montgomery, one of the prettiest cities I was ever in, remaining there a week, and thence to Birmingham to visit the wonderful attractions of the iron and steel products of the place. I say wonderful, as the first house was built there in 1871, of logs, and now the city proper contains 50,000 people, and with the works, which, by mutual agreement, are about eight miles out, and not to be included in the city proper, has over 200,000 inhabitants. The eight miles out is well peopled, but is a sort of neutral ground. Street cars convey travel to and fro at convenient intervals. We stopped, also, at Louisville, Ky., a week, enjoying our stay very much. The further North we go the fewer blacks we find. Finally we reached Cincinnati, and have been here nearly a month, and I must say that in variety of landscape

scenery Cincinnati excels them all, with her nearly 400,000 people, and enterprise and push on every hand; with railway and water facilities insuring extra means for transportation, enduring growth and prosperity seem assured.

But of greater interest than all this, from an Eclectic standpoint, is the fact that it is the home of the Eclectic Medical Institute, in which such men as Beach, Powell, Newton, King, Scudder, Sr., Howe, Freeman and Potter have taught, all of whom it has been my pleasure, at various times, to hear — progressive men, and more than ordinary, intellectually. It is of more than passing interest to all true Eclectics that the Eclectic Medical Institute has been so fortunate in filling the places of these departed veterans — martyrs they were, indeed, with trouble to contend with the younger members of Eclectic faith know not of; and it is with melancholy interest that I, in imagination, see them before their classes giving utterance to principles that still live and will live through all time, as the seed then sown has taken root and modified the thought and teaching of all the schools.

I have been pleased and edified with the present outlook of the Eclectic Medical Institute. The several chairs are ably filled with men tried and true, loyal to the core, and Professor Scudder, Jr., is to be congratulated that he has such talent as the Institute may well boast of, and fortunate, indeed, are the classes that these stanch representatives of American Eclecticism succeed to the various chairs founded by the men whose memory we revere.

I desire to mention, incidentally, in passing, that the present class are of a representative sort, and will do Eclecticism proud in the future. If each graduate of the Eclectic Medical Institute will remember his alma mater by sending each year one, or more, toward filling the classes that will make a part and parcel of the future of this stanch exponent of our cause, they will be honoring those they may so influence, do justice to the cause and to themselves; for it should be well known far and near that the facilities for doing its patrons justice are good hospital advantages managed by such well-known surgeons as Russell, Church, and others, who have charge of Seton Hospital, and hold clinics elsewhere, also insures the best in demonstrative surgery. I understand the hospital facilities, now somewhat crowded, are to be greatly enlarged for the future. The site is already purchased for this purpose.

I mention, too, with pride, the growth of Eclectic medical literature. The recently issued work on "Theory and Practice of Medicine," by Prof. R. L. Thomas, is a masterpiece; as is the work of



Prof. Kent O. Foltz, on "The Eye," and his recent work on "Nose, Ear and Throat," not to specially mention the earlier issues of works by earlier authors, as King, Scudder, Howe, of Cincinnati, as, also, works recently issued by Ellingwood, Farnam, Clark and others, of Chicago. Medical literature, as chronicled monthly by the journals of the Eclectic schools, is able and up to date, and it is the duty of members of the Eclectic profession to subscribe and pay for these disseminators of new-school literature, the maintaining of which is no easy task, and illy requited at the best, and any one able to keep up a medical practice is able, and much more dutiful to his patrons to keep abreast of the times by reading current medical literature as dispensed in medical journals.

Concluding, I desire to mention the work the Lloyd brothers have done, and are doing, for the benefit not only of the Eclectic schools of medicine, but for physicians of all beliefs in establishing the Lloyd Library, free reading library, containing thousands of volumes, many of them exceedingly rare and expensive to procure. One member of the firm, C. G. Lloyd, is abroad nearly all the time in the interest of this establishment not only, but in the interest of botany at home and abroad, and is a specialist in the study of Fungi, to which, I learn, he is now devoting his entire time. Prior to such engagement, however, he had accumulated an herbarium of over 30,000 plants, which have a place in the Lloyd library, an enterprise known the world over, and, as is quite well known, they own the building, a four-story stone front, 100 feet in depth, which is literally packed with treasures of the wide, wide world. These gentlemen are also doing a rare service in their painstaking method of giving reliable specific remedies to the medical profession, used, I am pleased to say, by all classes of physicians regardless of schools. The head of this department is ably conducted by Prof. J. U. Lloyd, a chemist of ability, their manufacturing department having the very latest and best machinery and appliances to insure uniform results. The efficacy of their specific remedies and other of their products need no commendation from me. Cincinnati seems to be paternal in this respect, the Merrells having long been before the public reliably; and there is room for all. I need, in justice, mention the numerous aids that make up the completeness of such an establishment as the Lloyds are conducting, as they are ably seconded in the work by courteous and affable people, ladies and gentlemen, all, as I can testify, having been a recipient of many favors at their hands during my stay in Cincinnati.

I will conclude by saying a few words about Michigan Eclectics.

We have a society, "The State Eclectic Medical and Surgical," and while we have between two and three hundred Eclectics in the State, not more than one-fourth are active members of the organization. We have some very able men in Michigan, and we hope in the near future to add to its numbers and efficiency. Dr. William Bell, one of our members, is also a member of the Medical Examining Board, and has been since its organization.

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### ASPARAGIN.

By W. C. Abbott, M. D., Chicago, Ill.

Asparagin is a glucoside found as a constituent of many plants, but in greatest quantity in the garden vegetable asparagus. The well-known odor imparted to the urine by eating asparagus is not due to this glucoside, but to methyl mercaptan. To this odor is possibly due to be repute in which asparagin is held as a diuretic, a doubtful matter, since neither Falck, Jacobi nor Posner obtained diuresis from it in doses up to a gram. These doses did not affect the circulation perceptibly. Huesemann also failed to get any useful effect from asparagin in dropsies dependent upon diseases of the heart.

It would be going too far, however, to conclude that asparagin is inert. There are other functions of parts of the human mechanism besides the few that have been selected as tests of the action of drugs. In the plant world asparagin seems to fill a place analogous to that of urea and uric acid in the animal, as one of the principal products of albuminoid decomposition. But while urea and uric acid become useless to the animal, and must be eliminated from the body, asparagin, produced by the destruction of a molecule of albumen, can be immediately utilized in the green plant, and serves to build a new molecule of albumen. In the legumes asparagin, formed and accumulated at the moment of germination, and produced by the destruction of the reserve of albuminoids utilized during germination, disappears subsequently when the young plants become charged with chlorophyll. Thus the disappearance of asparagin coincides with the formation of an equivalent quantity of a new albumen.

It is probable that asparagin increases the excretion of solids by the kidneys, since it has won some repute as a remedy for gout, though less powerful than colchicine. As long as all classes of diuretics are judged solely by their power of reducing dropsical effusions, there is little chance of estimating their true value.

Asparagin has been credited with aphrodisiac and emmenagogue

properties. It sometimes causes an urethral discharge resembling that of gonorrhea, and may increase the irritability in that disease. Asparagin has been used instead of ergot to stimulate uterine contractions after miscarriages and in the later stages of labor. Sometimes it occasions serious disturbance of the renal functions.

Dr. E. A. Welch, of Sutton, Mass., reported two cases of cystitis in which he found asparagin of decided benefit. Several other clinicians have reported this glucoside as giving a more pronounced diuretic action than the foregoing account would indicate. It is possible that it exerts a stimulating action upon the renal structures when relaxed, similar to that manifested by rhus and cantharidin, but milder. Asparagin should be tested in the several forms of albuminuria, especially in cirrhotic nephritis, where it may be proved of value.

The use of asparagus has been suggested as a means of testing the permeability of the kidneys. If the characteristic odor of the urine does not appear after eating asparagus, any agent normally excreted by the kidneys is apt to accumulate in the body and give rise to poisoning. Remedies ordinarily innocuous may then prove lethal, and the patient may die from the effects of a grain of calomel or similar doses of any simple medicament.

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### RADEMACHER'S ORGAN REMEDIES.

By A. A. Ramseyer, M. D., Salt Lake City, Utah.

[Continued from page 224.]

Further, watch the urine; as soon as it begins to become darker (when, at the same time, the patient generally gets an uneasy sensation in the epigastric region), the use of said mixture must be stopped at once, and you must administer in its place a decoction of *semen cardui mariae* until this feeling of uneasiness disappears, and the urine becomes clear and regains its citrine color. Then the mixture may be administered again, but it must be given in smaller dose than when it was left off, and the dose must not be increased very soon. Ofttimes you may begin with ten drops three times a day, and rapidly increase the dose to sixty drops (this is the largest dose I have given so far), without meeting any difficulties. Sometimes the mentioned premonitory signs appear after four, eight, or fourteen days. I have seen a case, where I had to put the drops aside three times, and had to give a decoction of *carduus marianus* seed before I could reach my aim. As soon as you notice that you can increase the dose only to a certain limit, it is best to stay with that dose.

The smallest dose I ever used with any benefit was ten drops three times a day. It was with a lady of the upper class. Her trouble consisted alternately in chronic diarrhea, cough with bloody expectoration, dirty yellow skin, edema of the feet up to the ankles, and emaciation of the body. But whenever her gallstones began to create trouble, she then suffered violent pains in the epigastric region which caused her to faint, with spasmodic contraction of the abdominal muscles of the right hypogastric region, which felt just as if hard tumors were present in the belly, vomiting, diminution of the urine secretion, turbid urine of a dark color, and yellow skin. This woman's constitution was so irritable that an agreeable, but somewhat lively, conversation with her friends in the afternoon would bring her such an attack the following night. As she was a circumspect woman, who well knew her irritable constitution, I left it to her own judgment to begin with the smallest dose, and to carefully increase it. She began with three drops and increased the dose to ten drops, with such excellent results that all her troubles disappeared in an incredible short time.

It seem to me sometimes strange that precisely in such cases where the presence of gallstones could not be mistaken, this mixture removed the troubles resulting from them. But with all the appearance of prompt relief its continuous use is an absolute necessity. Half a year is the shortest space of time. We can not see the gallstones; hence it is better to be cautious.

We will now speak of the obstructions (enlargements) and indurations of the liver and spleen. Such obstructions sometimes can be recognized in the anterior lobe of the liver, but very seldom in the posterior lobe; in the spleen they can not be discovered, if this organ is not considerably enlarged. Sometimes, with the enlargement of the affected organ, there can be felt more or less distinctly a tension in the hypogastric region, where the diseased organ is situated. Even in some painful liver affections which were not at all old, and which, judging from all particulars, could not be supposed to be rooted very deep, I have noticed such hardness of the right side of the abdomen that a fanciful physician could have imagined he could discover indurations of God knows what abdominal organs.

But, as I have often remarked, these are nothing but sympathetic affections of the abdominal muscular fibres which are spasmodically contracted on the same side where the affected organ lies. Just as the primary affections of the abdominal muscles can cause severe and painful affections of the abdominal organs, so can the affection of an abdominal organ sympathetically excite the abdominal muscles.

These enlargements or indurations of the liver or spleen do not

always remain in the same condition; sometimes they are in a state of irritation. Some patients have no complaints from these enlargements; but others have many sympathetic affections, dubbed with a variety of names, while the real disease is not recognized. I have seen them cause chronic headache, insanity, amblyopy, ophthalmy, diplopy, chronic cough with or without expectoration, chronic diarrhea, constipation, hematemesis (although this occurs mostly from spleen affection), dropsy, almost uncontrollable epistaxis, and other smaller troubles, such as dyspepsia, eructations, irregular heart beat, etc. But when these enlargements are in a state of irritation, there is more or less fever, pleuritic pains, cough with bloody expectoration, violent pains in the epigastric region and in the back, violent colic, uncontrollable vomiting, great anxiety, impossibility to remain in bed, and sometimes, but not always, jaundice (when the liver is the seat of the disease).

While I assume that these enlargements may be found in two different states, it is undeniable that our senses can easily differentiate the two conditions; but where one state runs into the other, nature has drawn no strict line.

It would not be convenient here to mention all the possible causes which may change a quiet state of such enlargements into an irritable condition; I mention only the following:

In many cases no cause for the change of one condition into the other can be discovered; but it is true that a shaking or violent exercise of the body can bring such a change, the same as with gallstones or stone in the bladder. But there is this difference. In a patient afflicted with stone in the bladder a slight shaking or exertion, sometimes the mere flexion or the turning of the body can bring about an attack; the complaints appear at once, and increase rapidly up to a certain height. In obstructions of the liver or spleen the shaking must be much stronger, and last much longer, in order to bring about evil results. The shaking and the exertions caused by vomiting, or by riding on a hard trotter, or riding in a conveyance without springs on rough roads are such. The state of irritation of the diseased liver or spleen caused by such shaking does not appear, as is the case with the stone in the bladder, immediately or shortly after the shaking, but so long afterward that a physician who is not a close observer, or who sees such a case for the first time, would never ascribe the attack to the shaking or exertion sustained two or three days before. I do not mean to say that the bad effects of the shaking appear really so late. The irritation set up in the enlarged organs comes no doubt immediately after the shaking, but it augments so slowly that two days may

easily pass before neighboring organs or the whole system are affected by it, and before it appears as pain and disease to the patient.

I would like to suggest to the friends and apologists of emetics that if they notice a marked aggravation of the abdominal trouble on the second or on the third day after giving an emetic, or if new complaints appear, before they set about to cure them, or before they order perhaps another emetic, as the supreme and only remedy, they had better consider whether these complaints proceed from the disease or from the emetic administered in the beginning.

I can distinctly remember two cases where, soon after a spontaneous vomiting, a hard tumor made its appearance in the anterior lobe of the liver, which at first gave but little pain, but became very painful within two days, and drew the neighboring parts in sympathy. The first case happened to be a woman, who had been suffering for a long time of abdominal tuberculosis, four weeks before her death; the second case was that of a previously healthy, aged woman. I was called on the third or fourth day from the formation of the tumor, which had originated immediately after an attack of vomiting, the cause of which could not be ascertained, and in the space of a few days it had become more and more painful. The accompanying symptoms were a moderate fever, pains in the abdomen, but especially in the pit of the stomach and on the right side, scanty, turbid, dark-colored urine and a sallow face. After using a decoction of *semen cardui mariae* and a poultice the tumor disappeared, and the patient was restored to her wonted health.

[ To be Continued ]

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## ECLECTICS SHOULD NOT MERGE WITH THE OLD SCHOOL.

By J. M. French, M. D., Milford, Mass.

1. Because they represent a distinct idea in medicine, which, while it has already been accepted by many individual physicians of the regular school, can not be said to have been generally so accepted. Until the doctrine of specific medication has been generally received, it needs the work of the Eclectics to keep it before the profession.

2. Because even when specific medication is generally adopted, there is still need of the Eclectics to develop the indigenous vegetable materia medica, in contradistinction if not in opposition to the coal-tar products and other outputs of the German chemists and their imitators in this country. Here is a strong field for the "new school" of physicians.

3. Because, while it might be supposed that this work could be done as well by combining the two schools in one, all experience shows that such a combination would result in taking the keen edge off the interest and enthusiasm of the smaller class when they were swallowed up by the larger one, thus promoting therapeutic nihilism and drug nothingness — a result which may heaven prevent. If sections could be arranged in the American Medical Association for this purpose, it may be that the desired result could be secured by the union — but I doubt it. Anyway, the work which the Eclectics are doing is too good a one to be hazarded by any unnecessary changes or combinations. So far as I can judge, no branch of the regular profession, except the alkaloidists, are doing as good work to-day for the development of scientific therapeutics as are the Eclectics. If this is true, we can not spare them. I speak as a physician, and not as an Eclectic, when I say, keep at work, gentlemen and brother physicians.

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PTELEA TRIFOLIATA (WAFFER ASH).—The ptelea is a tonic to the digestive system. Its action somewhat resembles hydrastis. It has a soothing and tonic influence upon the mucous membranes; hence, it is a valuable tonic in convalescence from fevers and in fact any disease which greatly debilitates the system. As an antiperiodic it stands next to quinine and arsenic. It will not act so quickly as the two agents mentioned; but after the chills have been mastered, I know of nothing better to prevent a return in wrongs of the stomach and liver. I frequently combine the ptelea with wahoo, the latter being added on account of its influence over the bile-making function of the liver. I frequently make a prescription as follows: Sp. ptelea, ℥iij; sp. wahoo, ℥ij; elix. simplex, qs. ℥iv. Mix. Dose, one teaspoonful every three hours. Some speak favorably of the wafer ash in phthisis. In my judgment it is useful only as a tonic. In these cases it may be used with much benefit. Give in combination with the aromatic collinsonia before meals, giving the hypophosphite of lime or soda, whichever may be indicated, after meals, the dose of the ptelea being 15 drops, and the aromatic collinsonia 20 to 30 drops. The addition of the collinsonia is especially beneficial in those cases where there is marked irritation, congestion or constriction of the mucous membranes of the lungs, with hoarseness, cough and laryngial pain.

GEO. P. BURTCHEV, M. D., Oskaloosa, Iowa.

**DIAGNOSIS AND TREATMENT OF SYPHILIS.\***

By O. A. Palmer, M. D., Cleveland, O.

The history of this disease shows that it was named by the poet Fracastor, in 1530. It is from two Greek words, which mean "fond of hog." This name has been somewhat permanent, yet different nations have tried to shift the reproach of its origin and existence from one nation to another. The French term this affliction "lues venerea," or bad disorder.

This disease has been described in the sacred writings of the Hebrews, as well as in the ancient history of Greece, Rome, Arabia, and China. Evidence of this disease has been found in the skeletons of prehistoric men.

The literature of this disease, extending back almost to the beginning of man's existence, has become very valuable and voluminous. It seems, for some reason not known, humanity has almost from its earliest history been afflicted with this somewhat mysterious disease, which has the ability of attacking and damaging as well as destroying every portion of the body. In this day of germs we would naturally conclude that a bacillus of some kind is the cause of the various pathological changes that the system suffers while passing through the terrors of this affliction. We, as physicians, always like to know the cause of the various pathological changes that we have to consider and contend with during their treatment. Without a doubt this disease is an inflammatory trouble, the inflammation being caused by the infection that is introduced into the circulation.

After its local functions are well advanced, the constitutional symptoms appear, and among the first changes that we notice is its influence upon the blood. The degeneration of the blood is, no doubt, the first cause of the constitutional symptoms. The influence of the contaminated blood upon the nervous system is marked, and the various changes that sooner or later take place are very harmful, and cause a large amount of suffering.

The clinical pictures are about as follows: Headache, insomnia, irregular performance of various functions of the nervous system. Every one who has treated syphilitic headaches is well acquainted with the pain that is generally found in the temporal, frontal and occipital regions. Now and then we see a case of headache with extreme exacerbations of pain. These head symptoms may last for a few days,

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\* Read before the North-Eastern Ohio Eclectic Medical Association.



weeks or months, possibly years. The pain may stop, and there may be anesthesia in spots about the head. In some instances we have tingling in the skin, formication, and sensations of heat and cold. The painful headaches may last for months and years, then cease for a good many years, to reappear later.

Now and then we see a case of headache characterized by boring, grinding and hammering sensations, which may be in any part of the head, the patient often saying that it feels as though a rivet or nail were being driven into the head, and the most skillful treatment may fail to give relief. Following these extreme painful headaches we may have vertigo, insomnia, great mental weakness, melancholia, and other mental and morbid symptoms, which may be mild or decidedly marked. If these conditions continue for any length of time, the patient becomes weaker, soon becomes bed-ridden, and may exhibit mild ataxic or parietic symptoms, with possibly delirious conditions appearing, which may be mild or severe.

This apparently hopeless state and history may furnish us with a clue to the syphilitic origin of the disease that we have to consider. A patient of this kind may seem to be in the last stages of exhaustion, caused by the loss of flesh and strength, and still recover when properly treated. So many syphilitic cases present features which may consist of hallucinations, vague terrors, dread of death, and fear of any destructive agencies. Many nervous diseases with symptoms nearly the same as those resulting from other causes may appear, such as chorea, aphasia, paralysis, hemiplegia, epilepsy paraplegia and locomotor ataxia.

When chorea is present, the spasmodic conditions may not affect more than one or two groups of muscles, possibly we may have paralytic symptoms of a few sets of muscles, and all these changes may be slight and transitory, or there may be constant contractions of some muscles about the head, neck or extremities. There may be loss of voice, complete or intermittent, and one author says this may be the sole symptom of nervous syphilis, which may occur before or after some of its grave complications.

The paralysis may be partial or complete, sensory or motor, and may affect almost any set of nerves, but usually manifests itself by attacking nerves of special sense, causing a partial or total loss.

Authors inform us that, if we have hemiplegia coming on suddenly in a patient under fifty years of age, it is in the majority of cases of syphilitic origin. Hemiplegia is usually preceded by lassitude, cepha-

lalgia, vertigo, and neuralgia, and more or less tingling and anesthesia of the parts about to be affected, or with possibly slight convulsive actions. It is not possible to determine the time when the attack of this may come on. It may make its appearance during the sleeping hours or during the day. Patients have been known to fall to the ground in a state of partial unconsciousness, with the use of a leg and, possibly, an arm partially or totally lost. I have noticed dilatation of the pupil of one side, and the contraction of the pupil on the other. The bladder and rectum may become involved, losing the ability to expel their contents. Sometimes we have alternate paralysis of the facial muscles. Sometimes we have alternate paralysis of the right leg and left side of the face.

In the majority of these we have impotence, which generally survives the paralytic symptoms in the extremities, the muscular tremors and contractions. In one instance the impotence lasted until death.

Both petit and grand mal are represented in syphilitic seizures. In the majority of cases there will be the usual precursory severe cephalalgia, with sensations of chilliness and distress in the stomach and about the heart before the seizure comes on. One author declares that these epileptic forms of seizure that occur in the syphilitic cases never wholly lose their consciousness or utter a cry, which should be noticed as an important diagnostic symptom. The convulsive movements do not generally affect all the muscles of the body. The patient may bite his tongue and lips, and foam at the mouth, or these symptoms may be absent. The intervals between these crises may be but a few hours or days, and finally result in dementia.

Where we have petit mal, mild spasms of the muscles, slight tremors, which may be of the neck or single limb, sometimes difficult breathing, pain on swallowing, with now and then sudden loss of memory and confusion of ideas, will be noticed.

Paraplegia occurring in male patients under forty years of age is of syphilitic origin in more than fifty per cent. of the cases. One author says that over ninety per cent. of syphilitic paraplegia occurs in males. These attacks are usually preceded by severe headaches, neuralgia, cramps in the muscles of the lower limbs, and hyperesthesia or anesthesia of the cutaneous surface. It is apt to terminate in a loss of power of both lower extremities. There may also be paralysis of the rectum and bladder and complete impotence, which may last for years. One lower limb may be involved for some time before the other.

It has been both asserted and denied that syphilis may cause locomotor ataxia. Dr. Allen Starr says that the influence of syphilis in the production of tabes becomes more apparent when attention is called to the fact that it is present in about twenty per cent. of the 6,000 syphilitic patients suffering with locomotor ataxia, but as yet it can not be admitted that syphilis is a well-marked predisposing cause of tabes.

It is well known that syphilis rarely selects a definite limited portion of the cord for its manifestations, but selects here and there a patch in the columns, which are generally near vessels or investing membranes.

General paralysis with many curious changes has been caused by syphilis. Sometimes we have progressive general paralysis, with many mental manifestations, which may be for a short time or persistent, causing in some instances insanity.

Nervous syphilis may cause gastro-intestinal derangements and many functional disturbances of the kidneys and bladder, as well as seriously interfering with other portions of the viscera.

Where coma comes on without any apparent cause, and the patient is apparently asleep, is pallid and expressionless; not suffering pain, can be aroused to take food and drink, can thrust out the tongue, sometimes can be made to recognize a friend or answer a question; pupils small, the eyes sunken, the pulse and respiration reduced in frequency, with subnormal temperature, one should think of the destroying influences of syphilis.

The most serious influence of the syphilitic toxins upon the nervous system are seen in the progressive degenerations, which develop several years after the initial lesion. The cortex of the brain undergoes these changes, leading to paresis, and, where the lateral tracts of the cord are involved, lead to syphilitic spastic paraplegia. Syphilitic neurasthenia caused by the toxin effects upon the nervous system are generally worse toward evening, and insomnia is more persistent, as a rule, than any other symptom.

Dr. Allen Starr says: "Syphilitic deposits in the brain itself may be of the nature of small disseminated spots, producing chronic indurative of sclerotic processes or small regions of softening. The symptoms of this affection are identical with those of general paresis, and can only be distinguished from paresis by the result of treatment. When these disseminated spots are located in the cerebral axis or in the spinal cord, they produce symptoms which are identical with those of multiple sclerosis. When they occur on or in the nerve roots or

nerve trunks, they cause symptoms of neuritis. In all cases anti-syphilitic treatment meets with success.

It must not be forgotten that there is no pathognomonic symptom about any disease of the nervous system to convince one that it is syphilitic.

Lesions are usually the result of a chronic syphilitic condition, rather than of the primary effect of the poison. Syphilitic exudations into the meninges of the brain and spinal cord, and syphilitic meningitis, are exceedingly common as a sequel of syphilitic disease. From two to ten years after the infection gummatous exudations may occur in any part of the brain, but are more frequent upon the base and about the crus and pons. The glue-like substance is deposited rapidly and extensively through the meninges, producing pressure upon the subjacent brain or upon the cranial nerves, or upon the spinal cord, causing suspension of function in the parts compressed. Whether the syphilitic exudation takes the form of a soft or hard tumor, it produces the regular symptoms of tumor of the brain or spinal cord. Gummatous exudations may occur also in the nerves, the optic and oculomotor being the nerves most liable to this affection.

The pressure upon the vessels produced by syphilitic exudations adds to the complexity of the symptoms. The course of the case is more rapid in its onset than that of tumor of the brain or spinal cord, but resembles it in all other respects. From a study of the general and local symptoms it is not possible to determine that the tumor is syphilitic in origin. But in any case of tumor of the brain or spinal cord it is well to give the patient the benefit of the doubt, and if the symptoms subside rapidly under inunctions of mercury and large doses of iodide of potash, the conclusion that the tumor was a gumma is justifiable. The prognosis is good in the majority of cases, though relapses are frequent.

In taking up the treatment of syphilis, I am well aware that I am on disputed grounds, but that does not prevent me from stating what I believe to be the truth in regard to it. I have seen this malady treated in nearly all the large hospitals of the world, and for twenty-five years I have been treating it myself, and I now fearlessly say that the old routine treatment of this disease, laid down by the old authors and as generally practiced to-day, is not only no good, but it does great damage.

The advocates of mercury and iodide of potash will say that it takes several years to overcome this disease; they have never given a rational explanation of the treatment. After years of careful observation I have come to these conclusions: that it is an infectious disease,

inflammatory in nature; that its first effect is upon the blood, and destroys the influence of chloride of potassium, so as to cause fibrin to be deposited in and around every structure, where it sets up irritations, often abrasions, and in many instances produces physical changes. In many instances the deposit of fibrin is small in quantity, and the damages not very great. In some portions of the body it is extensive, causing structural changes in the tissues, giving us the manifestations that we have of pain, distress and misery that are so forcibly described by those afflicted.

For fear some will think I am making a wrong statement when I say that the present system of treatment is not of value, I wish to quote the opinion of better men than myself. Professor Syme, a noted English surgeon, says: "It is now fully ascertained that syphilis does not give rise to any of the dreadful consequences which have been mentioned, when not treated with mercury."

Surgeon-Major Wyatt, Dr. Druitt, health officer; Dr. Acton, specialist in this disease; J. Hutchinson, of the British Medical Journal, and Ambrose Pare, of the University of Paris, are all on record that the ravages of the disease have been exaggerated a thousand fold, and make the following statement: "Syphilis is not a serious disease when let alone and not treated with mercury." They also state: "It is mercury that produces violent gastralgia, diarrhea, rots the bones and teeth, and leaves the victim in a worse plight than the disease for which it is given."

Dr. Bockhart's investigations with the injections of mercury show that, for forty-eight hours, the pains were excessive, and many patients died under the treatment.

Dr. Lesser, who had an extensive experience in this disease, after experimenting on five hundred cases with mercury, declares "that once in the system, no one can foresee what evil it may produce, and all are powerless to help the patient get rid of the mercury."

If this is not enough, I can still furnish a large amount of information to the effect that mercury and iodide of potash are not beneficial. My own observations prove to me that if chloride of potassium is supplied to the blood early in the disease, it becomes a valuable agent in arresting the trouble and preventing the great damage done by the deposit of fibrin in the various tissues.

I have used kali. mur., 3x, for about ten years, and feel certain that if it has any chance it will give relief. Where there is chancre, with light discharges, I always use kali. mur.; bubo, with tenderness, heat and throbbing; where there is more or less fever, ferrum phos.

is given. In phagedenic chancre, where the tissues are very low in quality, with a tendency to rapid breaking down, kali. phos. In all cases where there is extensive suppuration, calcarea sulph. Chancre that is indurated and hard, calcarea fluor. Where we have tertiary or chronic syphilis, natrum sulph., silicea, and kali. sulph. are the most valuable agents.

Dr. Carey has formulated the following medical treatment, which is in no wise dangerous, but has always given me good satisfaction. It is to be understood that this treatment is to be used with the proper dieting, bathing, exercise, etc.:

"Ferr. phos.—Bubo, heat, tenderness, throbbing, and other febrile disturbances.

Kali. mur.—Bubo, for the swelling. Soft chancre. Chronic stage of syphilis. The principal remedy in this disease; internally, and as a local application.

Natr. sulph.—Condylomata of anus, of syphilitic origin; internally, and local application.

Natr. mur.—Syphilis in the chronic stage, when accompanied by serous exudations, and other watery symptoms.

Kali. phos.—Phagedenic chancre or malignant conditions.

Kali sulph.—Syphilis with characteristic symptoms.

Calc. sulph.—Suppurating stage of syphilis, to control the discharge. Bubo, in the suppurating stage. (alternate with silicea).

Silicea—Bubo, in the suppurative stage (alternate with calc. sulph.). Chronic syphilis, with suppurations or indurations. Ulcerated cutaneous affections, where mercury has been given to excess; nodes in tertiary syphilis.

Calc. fluor.—Hard and indurated chancre, or other pathological indications for the use of this remedy."

If I were asked what was the best single remedy for the treatment of syphilis, I would say, echinacea. The tincture of the fresh root, given in thirty-drop doses three or four times a day, with the proper diet, baths, exercise, and obedience to all the laws of living, has given very satisfactory results in a large number of cases.

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Be very guarded in the prognosis of ulcerations on the sole of the foot in diabetic or tabetic patients, no matter how small or trifling the ulceration may be. They persist for long periods, and may even never heal.

## PARISIAN MEDICAL CHIT-CHAT.

Translated from the French by T. C. Minor, M. D., Cincinnati.

MEDECININIA—*Henri III. Did Not Like Doctors—Lallemand's Charge of 200,000 Francs for Treating an Egyptian Pasha for Gleet—High Value of Ancient Arabic Manuscripts—What Dr. Morais Said to Louis XIII.—The Royal Medical Goings-on in the Days of Louis XIV., Times When They Bled and Purged the Patient Frequently—The Doctor Sangrados of that Epoch—Other Medical Tales.*

Compare, dear friends, the ancient times with those of to-day, and laugh merrily, for "Laughter," said Rabelais, "is an attribute of mankind alone." Henri III. made a strange law against physicians, that leads us to think he did not love the medical profession. One of the sections of this law reads: "On the complaint of the heirs of deceased persons who have died through medical mistakes, such doctors shall be tried precisely like other homicides. All physicians should be obliged to *taste the excrement* of their patients, otherwise they may be considered as poisoners of deceased persons." To-day the modern heirs are only too happy to make the doctor a handsome gift on the death of a rich relative.

Some time since much ado was made over a medical fee of 100,000 francs (\$20,000) paid a Paris doctor whose patient died. These stories of large fees to doctors are usually exaggerated, but Depuytren was a magnificent charger. He was called Baron Depuytren, and two of his internes—Gaillard, of Poitiers, and Professor Rigaud, of Strasburg—followed their master's illustrious example, making their fees in proportion to the wealth of aristocratic patients; the latter once charged 100,000 francs (\$20,000) for amputating a gentleman's leg.

Depuytren was surgeon to the Hotel Dieu, and his colleague, Roux, was surgeon at La Charite; the latter always called the former the "*Seaside Brigand*." Jealousy, induced by professional competition, is nothing new in this world. Hesiod, hundreds of years ago, remarked: "The potter envies the potter, the blacksmith the smith, the musician the musician, and the physician the physician." We see even to-day the Wagnerians and the anti-Wagnerians, as in former times we saw the Gluckists and the Piccinists; the homeopaths jealous of the allopaths, and the manufacturers of serums are haters of medical common-sense practitioners of the healing art. Lallemand demanded 200,000 francs (\$40,000) from the son of the Pasha of Egypt for (we will not mention the malady). There was an outcry of the Egyptian

against the Frenchman, but the son of Mehemet Ali finally paid his bill like any white gentleman under similar circumstances. The famous Vestris, the opera dancer, who gained a fortune by merely standing on her dear little toes and cutting pigeon wings not equal to an ordinary cake-walker's, proposed one day to pay her doctor his large bill by giving him six entertaining lessons in pedal and other performances peculiar to French ballet girls. History does not say whether her eminent physician accepted his fees in the manner she prescribed.

St. Bernard in his 321st epistle says: "It is indecent for a man to call in a surgeon." Why, he does not say. Before the discovery of printing, books were so expensive that students were not permitted to handle the rarer manuscripts, so necessary to their teaching. The following fact is authentic: Louis XI. once wished to borrow from the Paris medical faculty the works of the celebrated Arabian physician Rhazes. Now, the French faculty obliged their monarch to give bond for a large amount before loaning him the books, which all goes to show that in ancient days rare manuscripts were as highly valued as at the present epoch.

There have ever been knockers against the doctors, sometimes justly so, but not always. Pabietiere wrote, in 1696: "They always want doctors. *Doctors and their wives labored hard.*"

Dr. Marais once said to Louis XIII.: "Sire, there are two things I can not grow used to, *i. e.*: to eat all alone, and chew only in company." At this period the first court physician had to accompany the King to meals, and taste his food. The next half page is scurrilous.

Fontenelle says, some place in his works: "Ancient doctors were at once physicians, surgeons, apothecaries; medicine being divided in three parts." Added this learned member of the academy: "What shall we say to-day when we look at the vast number of small specialties, most lamentable and disgusting to behold, since we speak now of physicians and surgeons, as well as apothecaries and their symbols." Apothecaries took an oath not to slander their masters, the physicians. Surgeons had a sign representing the right hand, in which appeared the picture of an eye. Nowadays the latter should have a left-hand sign holding an extirpated appendix, and the right hand holding many golden guineas.

We read in an old volume, "At the sight of the physician, surgeon and apothecary entering his chamber, the patient received them in a manner that marked his aversion. He stuck out his tongue at the doctor, held his wrist for the surgeon, and turned up his tail for the apothecary," calling in a loud voice for "mercy!" as remarks Rabelais.



It is not only at the present day that physicians have complained of their unhappy lot in life, saying they wish to leave the arduous duties of the profession, to quit the care of ungrateful patients, etc., in order to be senators, deputies, journalists, foreign ministers, inventors, authors, manufacturers of never-failing serums, chemists and druggists. During the reign of Louis XIV. all the doctors in Paris aspired to be something they were not, seeming ever discontented with the medical profession. In fact, at that period, very many physicians really left the profession. The celebrated Theophrastus Renaudot became the first newspaper editor in France. Claude Perrault became a renowned architect. Guy Patin became the greatest pamphleteer of the day. Daquin became a courtier in the service of Madam de Montespan; Fagon, chief adviser to the King; Nicholas Lemeus, "a damned soul in the service of Madam de Maintenon." It was Lemery who said to Dr. Fagon, "France has found in your elevation all your zeal has led you to desire. Let me trust your high Court life will never end." Truly, Moliere at that time had good occasion to satirize the medical faculty. Let us cite a few things worthy of Moliere's wrathful wit. Riolan denied the circulation of the blood; Guy Patin ridiculed any medical properties in antimony; Fagon was afraid to give the Dauphin cinchona bark for intermittent fever. All the doctors called into the case of the Duke de Berry, who had cancer of the stomach, pronounced the material vomited up as being French chocolate. Felix, first surgeon to the King, opened the brachial artery by mistake, and a patient bled to death. The renowned Doctor Valot called in sixty physicians in consultation, within three months, in the case of the great Cardinal Mazarin. A short time before, in fact the same year, Doctor Bourard bled Louis XIV. forty-seven times, purged His Majesty 200 times and washed out his rectum 250 times. Those were the royal good times for doctors who believed in bleeding and purging. Louis XIV. lived, despite all his physicians, "*much to the astonishment of all the rest of the medical faculty not called in the case.*" An English princess died at Saint Germain at the very moment she was proclaimed out of danger by her doctors. The Queen of France was bled to death by the Court physicians. Ah! bleeding was the tart and cream sauce of that day! All doctors then believed in the efficacy of a first bleeding.

In a poem almost forgotten to-day, the celebrated Doctor Sangrado by Julia, we note the following apropos to bleeding:

"Eufin, je te revois, Eh! bonjour Sangrado.  
Quoi! toujours confiné dans ton maudit village?"

— Il faut rester, mon cher, où l'on a de l'ouvrage  
 — Tu dois en avoir peu, car la saignée et l'eau,  
 Voilà toujours chez toi, le remède à la mode  
 Je me trouve très bien d'une telle méthode.  
 — Très bien pour ton profit, mais entre nous, je crois,  
 Que tu dois en tuer au moins trente par mois.  
 — Et, vois, mon cher Damis, je crains peu la critique,  
 Tant l'art de Gallien est dans mon spécifique  
 — Laisse là Gallien comment va Sainte-Croix?  
 — Il fut très mal — Eh bien! — Je le saignai 20 fois  
 En quatre jours — Oh! grand Dieu! Quelle rage!"

We read, too, in the "Economics de Sully," that after Saint Bartholomew's tragedy, the effeminate and degenerate Charles IX. said to the renowned Ambroise Pare, the Huguenot surgeon, "It is now necessary that you embrace my faith," and Pare boldly answered, "Sire, by the light of God you know you promised me four things, that I might ever disobey in your service, to wit, not make me go back into my mother's womb, not make me leave a battle field while under fire, to leave your service when I wished, and you promised not to make me attend mass." It was the immortal surgeon, Pare, who finally made Charles cease the slaughter of Huguenots and stop the massacre.

The rest is a mass of scurrilous and puerile stuff not worth my time to copy.

## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By Harvey Wickes Felter, M. D., Cincinnati.

[Continued from page 245.]

Professor Jones not only fully realized the anticipations of his friends as an able and impressive teacher, but at once undertook the task of finishing a work on practice begun by Dr. Morrow. The result was the magnificent two-volume practice of Jones and Morrow, the second of our Eclectic text-books. The introductory lecture, by Professor Jones, in 1850, is a good example of his vigorous style and of the custom then in vogue in our college of opening the session by a specially-appointed speaker.

While Prof. I. G. Jones proved a splendid teacher, he did not fill the place of the lost leader — Morrow — nor could any one else in the Faculty uphold the work of the institute. Professor Buchanan lacked the necessary financial capacity. Though having unlimited confidence in himself, he was not willing to give way to any one else. Professor Gatchell, who had so ably filled the chair of Anatomy, had resigned and joined the Homeopaths, of whom he was always an adherent. The only thorough business man in the faculty was Dr. L.

E. Jones, but he was unfitted for the place by reason of his turbulent and domineering nature, and from the fact that he was too much engaged in other matters to give this work the necessary attention. Such was the spirit beginning to be felt in the Faculty that he could not have secured the position had he desired it, chiefly on account of the inveterate dislike for him entertained by Professor Buchanan. Embarrassment followed, and the business affairs of the college were fast tending toward a hopeless financial entanglement. At this juncture, L. E. Jones, B. L. Hill and Mrs. T. V. Morrow, whose financial interests were imperiled by this bad state of affairs, made overtures to Dr. Robert S. Newton, of the Memphis Medical Institute, to come from the South and take part in the college management. After receiving three several letters, Dr. Newton came to Cincinnati and met with the unresigned portion of the Faculty, consisting of Professors J. R. Buchanan, L. E. Jones, I. G. Jones and B. L. Hill. This resulted in the Faculty of the Memphis Institute being invited to relinquish that institution and join the Faculty of the Eclectic Medical Institute. The entire Faculty of the Memphis Institute resigned, and five of its members came to Cincinnati. These were Professors Robert S. Newton, M.D.; W. Byrd Powell, M.D.; Zoheth Freeman, M.D.; J. Milton Sanders, M.D., LL.D., and John King, M.D. All but Dr. King and Dr. Powell took chairs in the Eclectic Medical Institute, the latter absolutely refusing to accept an appointment on account of antagonism between himself and Dr. Buchanan, though the latter offered to divide his chair with him.

The newly-organized Faculty (1851-2) was now constituted as follows: I. G. Jones, M.D., Theory and Practice of Medicine, and Pathology; R. S. Newton, M.D., Surgical Practice and Operative Surgery; B. L. Hill, M.D., Obstetrics and Diseases of Women and Children; Z. Freeman, M.D., Special, Surgical, and Pathological Anatomy; J. R. Buchanan, M.D. (Dean), Physiology and Institutes of Medicine; L. E. Jones, M.D., Materia Medica and Therapeutics, and Medical Botany; J. Milton Sanders, M.D., A.M., LL.D., Chemistry, Pharmacy, and Toxicology; Orin E. Newton, M.D., Demonstrator of Anatomy and Surgical Prosector.

In the early winter of 1851-2, Professor Hill resigned, became a full-fledged Homeopathist, and accepted the chair of Surgery in the Cleveland Homeopathic College. Dr. John King, who had been a professor in the Memphis Institute, and who was now in the midst of his labors upon the *Eclectic Dispensatory*, was appointed to Dr. Hill's place (the chair of Obstetrics), a position he assumed like a veteran

teacher. Prof. I. G. Jones, whose health was failing, had interests centered in Columbus, resigned, and a few years later died of phthisis pulmonalis. Dr. Beach had now become unacceptable to the new régime, and his name had been dropped from the Faculty, which, in 1852, contained only four members, viz.: Drs. L. E. Jones, R. S. Newton, John King and J. R. Buchanan. At this juncture a suicidal scheme was formulated and promulgated by the visionary Professor Buchanan — the scheme of free stated lectures — an arrangement that came near wrecking the Institute. Professor Bickley clearly states the situation, as follows: "Professor Buchanan, ever ready for an emergency, conceived a plan of free education by which the classes would be so much enlarged that the aggregate income would be greatly more than under the pay system, to say nothing of the increased sale of books, income from private lectures, etc., a movement which, though indicative of a large philanthropy, was a theory merely, and against the practical workings of which Professors Freeman and Sanders so strongly protested that, upon its accomplishment, they felt it a duty to resign. . . . It is sufficient to say, in this connection, that the scheme was decidedly suicidal; for, while it did not increase the classes, it lowered the dignity of the school, and cut off the salaries of the Faculty. It drove other colleges to the adoption of a reduced fee bill, and caused many honorable young gentlemen to shun the Western schools for fear of being reminded of 'charity students' — a name which has always been detested by those proposing to enter our profession."

The Free Professional Education Movement went into operation in the spring of 1852. It was Buchanan's cherished plan to make the Institute the "Free College of America." In order to further this movement a new college building was proposed, capable of accommodating at least 500 students, and, in connection, a suitable hospital for the accommodation of at least 1,000 patients per annum. A well-selected library and an anatomical museum sufficient to illustrate every important point in physiology and pathology were proposed. A five-story building was to be built the following spring, and this would involve an outlay of at least \$10,000 to \$15,000. The professional fees of \$60 were abolished, the only fees demanded being those to cover incidental expenses, viz.: for matriculation, \$10; dissection, \$5, and graduation, \$20; attendance upon two full courses of lectures and a term of study amounting, in the aggregate, to three years, were required for graduation. It was also announced that "a course of lectures in any respectable medical school will be recognized in the Insti-

tute, and graduates of reputable medical schools will be admitted on the same terms as graduates of the Institute." During this year, Professor Sanders brought out an American edition of Dr. William Grégory's "Outlines of Chemistry," which was adopted in the school as a text-book. King and Newton's "United States Eclectic Dispensatory" was now completed, and was also used as a text-book.

The resignations of Professors Z. Freeman and Sanders, owing to their disfavor of the free professional education movement, necessitated the appointment of new members and the rearrangement of the Faculty. At this time there was in the city a physician who, though educated in the Allopathic system, and having practiced it for seven years, had been a constant reader of Eclectic literature. He became convinced of the justness of the claims of Eclecticism, yet had concluded to relinquish the practice of medicine. He was a ripe scholar, and at this time was engaged in the preparation of a second volume of a "History of Southwestern Virginia." This man, Dr. George W. L. Bickley, whose subsequent career as an adventurer rivals that of Aaron Burr, upon the solicitation of Professors Buchanan and Newton, was persuaded to accept a chair in the Institute. Accordingly, he was given the position occupied by Dr. L. E. Jones, while the latter, though not at that time a practicing physician, was appointed to the chair of Practice made vacant by the resignation, owing to ill-health, of Prof. I. G. Jones, who now returned to Columbus. Dr. William Sherwood, a former pupil of Prof. I. G. Jones, was added to the corps of instructors. The talented Daniel Vaughn, perhaps the profoundest scholar Cincinnati has ever known, was now placed in charge of the Department of Chemistry and Natural History. His timidity and helplessness and lack of force of character, despite his great scientific talent and originality, wholly unfitted him for the position, and Dr. John Wesley Hoyt, a recent graduate in law and medicine, was substituted in his stead.

The text-books in use in the College at this time were as follows: Surgery, Hill's "Eclectic Surgery"; Materia Medica, "United States Eclectic Dispensatory"; Obstetrics and Diseases of Women and Children, Churchill, Ramsbotham's Lectures, Meigs and Dewees; Theory and Practice, Wood and Eberle; Chemistry, Gregory; Physiology, Dunglison, Kirk and Paget, Carpenter; Anatomy, Pancoast, Wistar, Horner.

Now occurred the second attempt to establish an opposition school to the Eclectic Medical Institute, the first having been the formation of the "American Reform Medical Institute," at Louisville, Ky., in

1849, by Dr. A. H. Baldridge, who had left the Eclectic Medical Institute when the chair of Homeopathy was established. This second venture was made by Prof. L. E. Jones, who now founded the "American Medical College of Ohio," and drew around him many of the friends of the late Dr. Morrow, and succeeded, after much effort, in securing an efficient Faculty, composed of Drs. T. J. Wright (Dean), L. E. Jones, A. H. Baldridge, S. H. Potter, E. H. Stockwell, W. B. Witt, J. L. Galloway and F. D. Hill. This college did not draw a sufficient number from the Institute to embarrass its operations, or to foster its own cause, and notwithstanding its fearful onslaughts on mercury, bleeding, arsenic and antimony, the school got into trouble and expelled its founders. It soon died of college marasmus—lack of students, and lack of funds.

Among the text-books now recommended were Newton and Powell's "Practice" (in press); Hill's "Eclectic Surgery"; "United States Eclectic Dispensatory"; and the "Physiological and Scientific Botany," just produced by Professor Bickley. Gregory's "Chemistry" had been discarded for Fownes, Gardner, or Turner. During the year 1853, I. G. Jones and Morrow's "Practice," an elegant two-volume work on the lecture style, was put to press. Thus the literature grew apace with the Institute.

Notwithstanding the various Faculty changes and dissensions, the College prospered, and in 1855 we find that, up to that date, there were 2,145 matriculants, and 593 graduates, distributed as follows:

YEARS.	MATRIC.	GRAD.	YEARS.	MATRIC.	GRAD.
1845-46	81	22	1850-51	211	45
1846-47	127	31	1851-52	212	58
1847-48	220	48	1852-53	308	70
1848-49	191	47	1853-54	292	126
1849-50	224	65	1854-55	279	81

Thus, during its first ten years, the parent school had been a tremendous success, and had thrived vigorously "independent of the patronage of the State, and without any aid from pecuniary endowment; independent of all subservience to medical cliques, societies, or combinations; claiming and exercising the right of independent progress in the improvement of medical science; extending a liberal and courteous professional recognition to all other schools; proscribing none, and claiming for itself an honorable independence."

[ To be Continued ]

**Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

**ATROPHIC PHARYNGITIS.**

*Synonyms.*—Dry pharyngitis; pharyngitis sicca.

This condition is the result of inflammatory processes, the changes being more or less permanent.

*Etiology.*—The causes which lead to an atrophic pharyngitis are varied, but the morbid change which is produced is practically the same in all cases. Any exciting cause producing a chronic inflammation, as local irritants, and under this may be classed occupation irritation, where dust or irritating vapors are constantly inhaled. The implication of the pharynx through extension of inflammatory action from contiguous structures, which cause first a thickening of the submucosa followed by contraction.

The contraction of inflammatory organized tissue affects the glands of the mucous membrane, changing the secretion, or the glands may even be destroyed. The secretion which is present is so changed that it is a source of irritation.

Systematic disturbances interfering with the circulatory system, especially where venous stasis results, may be a cause of atrophic degeneration. In these cases the general appearance of the membrane varies somewhat from that resulting from inflammatory atrophy, but the results are practically the same.

Some nerve lesion, the cause of which is difficult to trace, may also cause atrophy with similar results to those found following inflammatory processes.

A dry pharyngitis, not atrophic, is often seen, which is the result of some systemic condition changing the general nutrition and causing modification of the glandular secretion. In this form of pharyngitis, the secretion from the pharyngeal glands adheres to the mucous surface, and gives a glazed or varnished appearance to the mucous membrane. These cases are not true atrophic, but the result of perverted secretion. It is found in diabetes mellitus, as well as in some forms of stomach and intestinal wrongs.

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**CASE OF MONOCULAR HYSTERICAL AMBLYOPIA.**

Helen K., aged 18, cigar maker, came to my clinic at the Post-Graduate in November, stating that she had suddenly lost the sight of the right eye. On examination it was found that she had only quantitative perception of light in that eye, while in the other the vision

was 20 | 20. The patient stated that she found the sight defective five days ago in the morning, and that it became worse during the day until it had come to be a total loss. On inquiry as to her general condition she stated that she considered herself well except as to her sight. Two months ago her left arm and forearm and knee were numb for some days, but she had gradually recovered. The patient, a Jewess, looked well, but belonged to the nervous type.

The ophthalmoscopic examination made by Dr. MacPherson, chief of the clinic, Dr. Emerson, and myself, showed beautifully clear media, the optic papillae glistening white, the blood vessels and the retina entirely transparent and sound. The fundus of the eye with normal vision appeared exactly the same as that of the amblyopic eye. The patient was admitted to the hospital, the urine and blood examined with negative results. She was ordered to have the ordinary diet of the hospital, to go out in the open air on all fit days, and encouraged to believe that she would fully recover her sight. No medicine was given except a placebo.

My colleague, Prof. Graeme Hammond, saw the case for me at one of his clinics, and confirmed the diagnosis of hysteria. Dr. Hammond found the hysterical area, that is to say, regions of numbness in some of the extremities with exaggerated sensations around these areas. He also noted that the cornea was insensible on the amblyopic side. The sight gradually returned, and she was discharged from the hospital in twenty days, with vision 20 | 20 on each side.

It is almost impossible to get, either in a clinic or a hospital, an exact idea of the surroundings at the home of a patient. This is a detriment in many cases of disease where the conditions are not exclusively local, and it is especially so in affections of the nervous system. There is no substitute for the knowledge to be obtained by personal view of the surroundings in the home of the patient. Yet thorough inquiries will usually determine whether any special indications for the origin of hysteria are to be found. All the authorities agree that in these are to be found usually the causes of general hysteria, which assume various forms and vary from cases of neurasthenia, with the violent outbursts to cases like this one here given. In this there were no hysterical seizures except the numbness of one of the legs and the amblyopia of one eye. It is probable that monocular hysterical amblyopia is rare. The amblyopia is usually in both eyes. The diagnosis is really not difficult in either case, but it is certainly easier in the monocular form, for if we find that ophthalmoscopic pictures exactly the same in the non-seeing eye as in the one with normal



vision, the pupillar reflex for light the same, we are well on the road to a diagnosis of malingering or hysterical amblyopia. Fuchs remarks that the diagnosis between the former conditions and those of hysteria is not always without difficulty, but as he remarks, the presence of other hysterical symptoms which existed in this case will materially aid us to a conclusion.

The necessity of the examination of the *fundus oculi* by an expert in all cases of alleged monocular hysterical amblyopia is obvious. In this case I am informed that a diagnosis of retinitis and brain tumor was made by a physician who examined the case. Whether this be true or not, it is evident that the best experience is needed for that part of the investigation of any form of amblyopia. In some cases when serious lesions exist in the cerebrum or cerebellum, the ophthalmoscopic examination gives no sign. Then again there are numerous deviations from the ideal type of healthy papillae, blood vessels and choroid without organic disease of the eye, the optic nerve or the brain, which only a large experience can positively decide upon. The patient whose case is above given is of a race that may be called neurotic—at least in comparison with some others. Although with an humble occupation, she was of a refined, introspective type, which all authorities agree as being somewhat disposed to hysteria.

I am inclined to think that only a small proportion of the cases that actually occur of hysterical amblyopia affecting both eyes come to the examination of an ophthalmologist. General practitioners are so generally well informed as to hysteria in general, and aware of the frequent existence of amblyopia as one of its symptoms, that such patients are not often sent to a specialist unless unusual features are presented. —D. B. ST. JOHN ROOSA, M. D., *in the Post Graduate*.

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### Periscope.

#### OBSERVATIONS ON LEGISLATION.

Were the Roman Catholic Church in the United States to instruct its priests to apply to the legislature of each of the States to secure a law establishing in each a board of religious examiners to pass upon the fitness of all who wished to enter the clergy, and that the boards thus created should always have a majority of Roman Catholics thereon, we fancy there would be a protest. Indeed the framers of our Constitution foresaw what might happen when they divorced church and state, or rather provided for a non-union. They did not, and could not, foresee the needs of a century later in medicine, when a

great profession exists, having sects like the church, aiming to protect the physical part of the human body as the church aims to protect its spiritual part. Had they foreseen this, they would have provided for a non-union of state and medicine, for the state has no more right to govern medicine than religion. If sects in religion abuse the common laws as in the practice of polygamy by the Mormon Church, there are legal remedies. If there were sects in medicine that had anything antagonistic to the common law, there is a remedy, but for the state to dictate how a man should worship his God or how he should have his diseases treated is overstepping the grounds of American liberty and common sense.

The *allopathic* school of medicine for some years has been gradually assuming that it has the right to govern all things medical in the United States. It has perfected a magnificent organization for this purpose, and that it is succeeding nobody will deny. And why is it succeeding? Simply because the other schools of medicine that have so successfully combatted the domination *have fallen asleep*. It is the avowed purpose of the *allopathic* school to extinguish completely the *homeopathic* school, the *eclectic* school and all the minor sects of medicine. This has for a half century been its aim. Its first act was to call itself "regular" medicine and its priests "regular" physicians, a shrewd compliment of irregularity to all others. How did we combat this? By having courts define a regular physician, and they have defined it properly and not at all in accord with the intended meaning of the old school. Then followed an era of mud-slinging vituperation and ostracism, but the other schools fought back, flourished and grew. Dismayed at this, a honey process was inaugurated, which enmeshed a few whose loyalty was always questionable, a few of the barnacles of the reformed schools were thus removed, and the ships of these schools sailed on better than ever. This *honey* process has not been abandoned, however. It is still on deck, and to it are due the concessions that are being made in the present status of affairs.

Owing to this there is, at present, a great activity all along the lines, and the organization known as the A. M. A. is putting forth its constant endeavor to secure more power all over the United States, relying on the honey process, and the fact that this is keeping the representatives of the other schools in their dormant state. The history of the winter just passed should cause these to awake and face the situation as it is. We have seen that in New York there has been much activity shown to pass the single board bill, and that the other schools were to have the hot end of the poker. In Pennsylvania the

same process has been carried on. In these two States all has not been plain sailing, and there has been obstruction placed in the pathway. In Texas there has been the same process, and the success there has not been what was desired, but the single board bill has passed with dissatisfaction to all, but this dissatisfaction will, so far as the old school is concerned, be corrected next time since the wedge has been entered. In these three States the three-board examining law has given satisfaction to the other schools, and for that very reason was inimical to the purpose of the A. M. A. Hence the activity. . . .

Thus all along the line there has been unusual activity. In each of these States the homeopathic and eclectic physicians have been roused to see the threatened danger, and we are confident that good will come out of it.

Another thing the A. M. A. has arrogated unto itself is the fixing of educational medical matters in the homeopathic and eclectic colleges to suit its own needs. The deans of our colleges have all recently received a request from the secretary of that body to make certain reforms, and advances, or changes in the curriculum of our colleges, all honeyed over with the sweet advantages of higher education and placed before us in such a way that if we refuse to accede to the request, we will be immediately accused of seeking to lower the standard.

Could anything be more impudent than this? What have we to do with the council of medical education of the A. M. A.? We have our own American Institute of Homeopathy, our own educational council therein, as represented by the Intercollegiate Committee, and we have not yet heard that this council has made any requests of the colleges of the old school represented in the council of the A. M. A. If we did, we should have the right to expect the same answer that we should give to them, namely, that the affairs of the homoeopathic school in no way is their concern, neither are its colleges nor societies affairs in which they have any right to meddle. The sooner the American Institute of Homeopathy and the officials of our school take this stand the more respect we will command on all hands. Ours is the older national body,\* and it has a prerogative in the matter of our own affairs that it should not think for a moment of surrendering. It is up to us to take immediate action in this direction.

#### LEGISLATION IN MICHIGAN.

What of the homeopathic part of the board? Do they not have any voice? No, they are under the influence and sway of the smooth king-pin of the board, in this case the secretary, who does all his work without consulting his co-laborers, for is he not "acting under the

law?" When a medical board of examiners presumes to pass upon the common school and literary colleges of a community it becomes necessary to call a halt and inquire where we are at. When the secretary of a board of medical examiners states, as we have been informed has been done in Michigan, that there would be, within a short time, only one college in the State, and no homeopathic department to that, and when all his actions tend to show that this is his object, it is time to clip wings lest the soaring become too high.

It is our opinion and advice that there be an arousing all over the country, and that new bills be introduced into every State legislature in the country. We can afford to take into *our* hands some of this "annual legislative interference." Nor should we ever lose sight of the fact that we stand for the highest grade of professional requirements. We should not fail to impress the fact that a homeopathic college was the first to establish a three-years' compulsory course in medicine, antedating by twelve years this feature of old-school instruction, and that it was the first to provide the four-years' course. It will be unnecessary to impress legislators that the cause of medical education has anything to suffer from a school that has always taken this advanced stand.—Editorial, *Medical Century*, April, 1907.

### INHERITED ALCOHOLISM.

If we mean by alcoholism the disease conditions brought about by the abuse of alcohol, then alcoholism, we are told, can not be inherited; but conditions predisposing to a craving for drink may be inherited; and consequently a drunken son may be the logical successor of a drunken father. This we are told in *The Quarterly Journal of Inebriety* (Boston, Winter), in an article by an English expert, Dr. W. B. Lewis, quoted from *The Journal of Mental Science*. Says the writer:

"Is alcoholism inheritable? I think this must be met by a direct negative. Alcoholism as alcoholism is not inherited. What is inherited is usually something wholly different. That alcohol, like other toxic agencies in the parent, results in certain abnormal nutritional conditions of the germ-plasm is unquestionable; it would indeed be strange if such were not the case. That the ovum nourished by the maternal blood should not be affected by its immediate environment, would be highly improbable. . . .

"What is it, then, that is transmitted by alcoholic ancestry? I presume it is a defective organization of the neuron [nerve cell] or a molecular degradation of nerve-tissue revealing itself in a loss or weakening of that primary attribute so characteristic of nerve-cell mechanism — inhibition. Functional instability is, of course, pre-eminently the stamp of the neurotic heritage, but the instability resulting from an alcoholic stock appears above all other forms of instability to be indicated by [a] its convulsive nature, [b] its tendency to limitation as in so-called systematized forms of insanity, [c] its rhythmic periodicity and paroxysmal nature.

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## OFFICIAL ORGAN OHIO SOCIETY.

The forty-third annual session of the Ohio State Eclectic Medical Association was held at the Hotel Hollenden, in Cleveland, May 7th, 8th and 9th. While this meeting was not the largest, it was one of the most enthusiastic in the history of the Society, and the papers and discussions were of a very high order. President Mock deserves great credit for having made the meeting the success it proved to be.

Professor Lloyd's stereopticon lecture on the Holy Land was enthusiastically received by the members, their friends and pharmacists, who were guests of the Association. The musical entertainment following the banquet on Wednesday evening was very enjoyable.

Among other matters of business, the Association decided to enter into a contract with this JOURNAL to publish their transactions, to occupy not less than one hundred and ninety-two pages per year, which matter is to be *additional* to the JOURNAL as at present issued.

The JOURNAL will be sent to all members of the Ohio Society in good standing, beginning July 1st if they are not now subscribers, or beginning January 1st if their name is already on the subscription list. We wish to say for the benefit of our general subscribers that we believe this new arrangement will be well received by them, as they will secure the full benefit of the valuable papers of the Ohio Society, which is the largest of our State societies, and all of the matter will be *additional* to the present size of the JOURNAL, which is usually fifty-six pages per issue.

The following officers were elected to serve for the ensuing year: President, A. S. McKittrick, Kenton; First Vice-President, H. D. Todd, Akron; Second Vice-President, W. F. Lehr, Arlington; Recording Secretary, W. N. Mundy, Forest; Corresponding Secretary, J. L. Payne, Cincinnati; Treasurer, S. M. Sherman, Columbus. The next annual meeting at Dayton in May, 1908.

SCUDDER.

### THE PROFESSIONAL FUTURE.

In times gone by the professions offered little inducement to the student and the scholar. In pharmacy, whosoever cared to do so could open a store and in great letters put up the name Pharmacist. He could advertise to the profession and to the people, and he might, so far as being a pharmacist is concerned, know less about pharmacy than do some draymen. What inducement could be made to a scholarly young man to spend the better part of his young life in qualifying himself to do well his work, and then find himself surrounded by a multitude of so-called pharmacists whose claims rested upon the size of the letters that made up their signs, or the amount of questionable materials they could furnish to a misled public under the guise of pharmacy?

But that day of the drayman-pharmacy is drawing to a close, and the new era is ushering in a demand for drug clerks of professional qualifications, with a knowledge of chemistry and materia medica and pharmacy, with a desire to do what is right by the profession they voice, with a pride in their calling, and with salaries increasingly better each year. This, too, notwithstanding the lamentations of the pessimist, who looks backward to the time and laments the day when he could sell his questionable potions over the counter to whomsoever would take them.

In the profession of law we find a not less striking evidence of the progress of the professional side of life. No longer can the poorly-educated young man purchase a few law books quite beyond his comprehension, read them superficially for a few months, and then stick up his sign as "attorney at law." The law school has taken the place of such as this; the final examination of him who proposes to enter into practice cuts out such as these, and in the cutting out of these "shysters" has come a betterment in the profession. Whosoever cares to contrast the present with twenty-five years ago will perceive in the personality of the young lawyer of to-day the distinction that can be drawn between the past and the present. In both pharmacy and in law the classes have educationally and professionally tended markedly upward. The promising future is fairer to him who opens the door than ever before. The distinction between those who are good and those who are otherwise is much less than it was even ten years ago. Let it be said that there have always been a fair proportion of the best of men in these professions, men who honor the name of their profession, and that there is considerable error in methods of the present; but yet none can deny that there have always been a goodly proportion of those otherwise than these.

In medicine, perhaps, the distinction between the requirements of the present and the past are even greater than in the professions mentioned. In every State of the Union entrance examinations have been

established by law, so that many who could formerly enter a college are now barred from its doors. Admit that there is much illogical stress placed on some features of this entrance scheme, and yet the general result is toward a betterment of the profession. The courses of study have been lengthened so that many who could, from a financial side, pass through the two terms' course of former years, are not able to take the four years' course, prefixed by the four years' term of a reputable high school. The results are shown in the matriculation books of the colleges. They are shown also in the decreased number of graduates in medicine. They are not less evident in the famine that is beginning to be felt throughout the country, where physicians are needed and can not be supplied.

Let us make this latter feature of the problem the specialty of this article, to which what we have said as concerns the professions rationally leads.

What will be the condition in America when the graduates of the colleges are no longer in numbers sufficient to give the thousands of communities needing physicians the professional attention they require? Two classes of people will profit, one we shall not now consider, the other being the young graduate of the present. Already this condition of affairs is being experienced, and in some places with most positive effect. The supply of young physician graduates is not beginning to be equal to the demand, and this applies probably to the three branches of the profession. Let us confine our remarks to the Eclectic school.

In common with other colleges, the Eclectic classes have been reduced in numbers. Whilst it is unquestionable that under the conditions that prevailed ten years ago the classes would to-day be larger than ever before, the cutting off of the many to whom we have referred leaves everywhere fewer in numbers. This reduces the graduating classes, and also curtails the supply of Eclectic physicians who are needed to replace those wishing to retire, or to supplant those whom death takes from our midst. The cry for Eclectic physicians is increasing the country over. In some instances the pleading for a young graduate is pathetic. But all the graduates together the past year can not replace the losses in the great cities alone. If the largest classes known had been those of the past season, there would have been a cry for double and treble the number. Every State in this Union, every community in every State where the Eclectic profession has a stronghold, is feeling the effect of the drouth. The country is increasing rapidly in numbers. Eclectic physicians who formerly needed no Eclectic consultant find now the necessity of a friend in their own school with whom they can consult. No longer can physicians move from State to State and engage

in practice, as formerly. The examinations required by different State Boards prevent such intermingling of the old-style practitioner. It is only the recent graduate, who comes from a college with diploma fresh in hand and lectures well in mind, who can stand up and face examinations in the different States. Hence comes the cry, the country over: "Send us an Eclectic graduate to assist in my practice, or to take my practice, or to take the place of an Eclectic physician who has died and left his practice."

Before me now lies a letter from Dr. E. B. Packer, of Kansas, than whom no man is better qualified to speak for Kansas. He wishes at once two Eclectic graduates to take places ready and crying for them. "Kansas needs one hundred Eclectic graduates, and needs them badly," he writes. This is but a sample of the cry that comes from other States, from the country at large, and the question is, what shall physicians of the Eclectic school do within the next twenty-five years to replace the five thousand Eclectic physicians who will turn their practice over to those who are to come?

As in pharmacy, so in law and so in medicine. The new conditions will correct themselves. The changing relationships between the professional men and the community will be recognized by the community. There will be better financial results, more honorable positions professionally, and less competition. The professions will no longer be slurred by reason of the parasites who circulated among them under a professional name. The colleges will rise to the emergency. Their Alumni will turn their attention to the selection of bright young men to follow them in a time to come. The old physician with an established practice will seek some bright young high-school graduate to attend college, with the object of assisting him, and then taking his place when he wishes to retire. And this, too, notwithstanding the cries of the pessimist, who is ever among us, and who believes the changing conditions mean the destruction of all that is, and all that ever has been.

LLOYD.

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### ANTISPASMODICS—ASAFETIDA.

In our intimate relations with people we have all had ample opportunities to observe the hyper-nervous strain of the many. It is not only the business man or the business woman; it is seen as well in the professions, the wife and mother, and too frequently in children in school and out of school. It seems to us that there is no exemption. The present-day living is an every-day rush and crash. Success is measured by money and show. The crash is shown in wrecked humanity. The few endure the necessary high nervous tension, the many need the physician.



And too frequently the physician errs in his endeavor to tide over the distress, that is so general when nature has been so abused, by the prescription of narcotics or depressants, when a simple relaxant or anti-spasmodic should be the remedy. True, a narcotic will quiet, benumb, overcome for the present the most pressing symptoms. The patient sleeps, feels better, but has no idea of the disastrous after-effects. Think this over carefully and do not prescribe sleep-producing and pain-subduing drugs when nerve-relaxing, spasm-correcting remedies are demanded. When we think of spasm, let it fall far short of convulsion, and let it apply to the mentality as well as to muscularity of man. Many of us think of anti-spasmodics only in the treatment of convulsions, hysteria, angina, chorea, and in these they are frequently very useful remedies. But the place for their best use is not here. It is in their quieting effect in the milder but persistent nervous excitements so prevalent. Nor do we care to include in the list of those applicable to this use some of the more powerful so-called anti-spasmodics, like alcohol, musk, valerian, etc.; they stimulate the brain. Nor the bromides; they are depressants. The milder anti-spasmodics are to a degree heart tonics or stimulants, diaphoretic, expectorant, sedative. No normal functional activity can take place under a high degree of nervous tension. Think what this means. It impresses everything. What must be the effect?

The remedies usually classified as anti-spasmodics are not the only remedies by far that are to be considered when this nervous state is to be met. The *indicated remedy relieves nervous tension*. But its effect can not be permanent if the cause be not removed. If it be the mad modern rush, worry, etc., or whatever, it must be lessened.

We might enlarge upon some of the declarations above made, but space does not permit. They are given as stimulants to a closer study of drug action and drug indication.

As a further stimulant in the same line, a few words upon asafetida. That old, old drug may be interesting. We believe it to be a good drug, greatly neglected. We will not tire you with its origin, history, constituents, etc., as these may be found in any good text-book. A number of preparations are official. The tincture, the emulsion or milk of asafetida, and a number of pills, with soap and other things, may be used. We generally prescribe a two to four-grain gelatine-coated pill. They are efficient and not difficult to take, and inexpensive. Best of all, asafetida is harmless.

The action of asafetida is well worthy of careful study. Even small doses, long continued, cause trouble, showing that it is active. They will impair digestion, cause acrid eructations, gastralgia, flatulence, burning urination, diarrhea, etc. When given carefully they stimulate

the brain, even to a pleasant intoxication. They produce a mild relaxation, increase arterial tension by increasing the power of the cardiac motor ganglia, a sensation of warmth, but no increase in temperature. They promote the secretions and excretions. In women they promote or provoke the menstrual flow, and are said to increase sexual appetite in both sexes. This we have not observed. Do not these actions pretty closely fit the case of the neurasthenic of to-day? It gives him better everything. It is said that in Asia asafetida is used as a condiment, and a taste for it is readily acquired. There is little danger from this source, however, when given as suggested.

The emulsion or milk of asafetida has long been used for colicky babies, and it is an excellent remedy. It relieves pain and nervousness, and promotes sleep. It is safe. The baby, judging from its action in adults, feels good after taking it. The classical recommendations of asafetida in large doses in convulsions, hysteria, hypochondria, constipation, etc., are likely very good for those who know no better remedies. We think we have better ones. However, we are positive that in the nervous woman, who is in a state of fear because she has missed her menstrual flow a few days or a week, and is so nervously wrought up because she wants no more babies, a four-grain asafetida pill every four hours will frequently prove its emmenagogue action. We vouch for this. We do not intend to overlook the *indicated* remedy in any case, but we sometimes think that our *indicated* remedies are limited in number and action because so many of us fail to wander in practice beyond the pale of stakes driven years ago by the fathers. We are prone to look with suspicion upon anything outside of them. Remedies that have been in use decades certainly have action worthy of attention. They may be bonanzas when studied along our lines of investigation. As a nervine, an anti-spasmodic, as a sedative, as a diaphoretic, a diuretic, etc., as a remedy we like asafetida.

BOYER.

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### MENTAL STRABISMUS.

The idea that strabismus is confined only to a deviation of the ocular apparatus from the normal position is incorrect. There may be a strabismus of the feet, as is often seen by a convergence of these useful appendages, not only at lap luncheons, in the street cars, but also in walking. That the cerebral gray matter may also partake of this abnormal condition is not so generally recognized. It assumes many forms. As in ocular strabismus, it may be convergent, divergent, sursumvergent, deorsumvergent, or a combination of any two of these; but the mental vision of the patient will be defective in the same relation to the

amount of deviation. The prevalence of this affection is often a source of annoyance to the physician, and the "body politic" as well.

For perfect comprehension of a subject, practically normal binocular vision or brain energy is necessary. One who only sees with one eye, or one cerebral line, can not measure distances, proportions or facts. From the visual standpoint this is easily demonstrated, but from the mental it is not so readily shown. Who of us are not subjects of mental strabismus? Some see only that which concerns the immediate necessity, others only look to the future for their results. In some cases the object is so far above that they have no knowledge of what is transpiring around them; are, in fact, treading on air, and the material things that make life worth living are ignored. Again we find, fortunately the minority, who can not get above the groveling form of strabismus. These can only see disaster, disgrace and oblivion in any undertaking. These are usually classed as pessimists, and the world wonders why they always view objects through indigo-colored glasses. The reason is, they are afflicted with mental downward strabismus, and are no more to blame for their peculiar view of the world than the poor devil who is afflicted with deorsumvergent ocular strabismus.

There is a saying, "All the world loves a lover," but the object of admiration is looking upward; in other words, is the sufferer or subject of sursumvergent mental strabismus.

Any deviation from the accepted normal standard is strabismic. What would be the result if no abnormality existed in this world? Would it be possible under such circumstances for any progress, any invention or any improvement? Would it not result in a dreary round of monotony? There would be absolutely no incentive to do things. The situation would be as barren of pleasure as hades is said to be of water.

The very fact that an absolutely normal condition is physically impossible; that every one is more or less mentally strabismic is why there is the diversity of thought, vocation, and last, but not least, progression. The optimist, like the lover, views the world through rose-colored glasses, and is in line of advancement. The pessimist has his place, for by contrast one may often avoid that which would be unpleasant. The convergent case looks naturally at the present, and progression is slow, if any. The nearer the normal, the better and broader the field, and the more valuable the individual.

FOLTZ.

**DON'T FALL INTO THIS TRAP.**

About six years ago the American Medical Association conceived the bright idea of "absorption." This society decided, in its innermost council, to reorganize the various county, district and state societies, and to allow each of them to become censors over their own membership, and advised them in very shrewd language that they might admit to membership any Eclectic or Homeopath, *providing* he would renounce his sectarian belief. This scheme has proven to be another case of the lamb lying down beside the lion, but the lamb is inside the lion. Many weak-kneed Eclectics and Homeopaths have fallen into the trap, and some of our strongest men as well.

The following correspondence shows that some of our best men can be wheedled into joining local county societies, and they are being plainly told that they need not renounce their sectarian belief or membership. Lately I addressed the following letter to Chicago:

APRIL 11, 1907.

Editor Journal American Medical Association:

Dear Doctor: I notice, on page 894 of your issue of March 9th, that Dr. P. D. Bixel, of Pandora, O., had become a member of your Association. Dr. Bixel graduated from the Eclectic Medical Institute in 1901, and in his sworn application to the Ohio State Board of Medical Registration asked that he be classed as an *Eclectic* physician. He is a member in good standing of the Ohio State Eclectic Medical Association, and is Secretary of the Northwestern Ohio Eclectic Medical Association.

In a letter from Dr. Bixel I learn that he was repeatedly invited to attend and join your local county society. He was neither asked to sign any constitution nor state that he did not practice a *sectarian* system. Subsequently he was asked to remit five dollars for your Journal, which would entitle him to a certificate of membership.

If I am not mistaken, the printed draft of the constitution, which is issued for the guidance of the local and district societies by your Association, contains the specific clause that an applicant should sign the constitution, stating plainly that he does *not* practice a *sectarian* system.

The question is, do you recognize that Eclectic and Homeopathic physicians are entitled to your membership, whilst maintaining their methods of practice, their school affiliations, and their independent opinions? A reply in the pages of your Journal will be appreciated.

Sincerely yours,

JOHN K. SCUDDER, M.D.

Practically the same letter was addressed to the editor of *The Ohio State Medical Journal*. Neither editor saw fit to reply in his *Journal*,

but the assistant secretary of the Association in Chicago condescended to write me a letter, stating that the entire question of membership lies exclusively in the county society, practically admitting that they would admit into their high and mighty Association any practicing physician of any belief, even if he did not formally renounce his sectarian belief. This is one of the reasons why they now have a nominal membership of over forty thousand.

However, all is not well with them. Many of their foremost men and some of the editors of their strongest journals have been kicking vigorously against this new scheme. They say openly that it is not right or honest to either Eclectics or Homeopaths or the Regulars of their Association to expect them to unite in membership under such a loose system. Some editors, who are more bold than others, and are not fettered by the bonds of the high and mighty council of the A. M. A., are very bitter in their remarks, and openly concede that unless it had been for the study and advance made by the sectarian systems along the line of research in materia medica, they would not have some of the valuable remedies which they have to-day.

Landis B. Edwards, editor of *The Virginia Semi-Monthly*, in his issue of April 26th, has written a long article on this subject as concerning the Medical Society of Virginia. He says: "In the pell-mell flurry to reorganize a few years ago, nearly all the regular state medical societies of the country, under the influence of a *fanaticism* which was remarkable in its results, fell into the trap. The 'plan' offered some most plausible features, and these were presented in such a way as to cause some to lose sight of the ulterior effects. Whatever may be said in favor of the general reorganization plan, it yet remains that the time is not ripe for the amalgamation of the different schools of medicine. Where one holds to the tenets of the Homeopathic, or the Eclectic, or other distinctive school of practice, *let him remain in his own field of practice*, as much as the different denominations of Christians.

"*We are not in sympathy* with the idea of amalgamation of these different schools of practice into a common fraternity. If one is an honest *Homeopath* or *Eclectic*, etc., *let him remain true to his own school*. But there are some fields common to all — such as matters of public hygiene, certain legislations, etc. — when it may be proper to hold conferences of all the schools for a common good, just as the denomination of churches may from time to time hold 'ecumenical councils,' etc. But when the purpose for which such conferences is accomplished, let each school or denomination return to its own legitimate work."

SCUDDER.

**MISCEGENATION.**

In a recent issue of *The American Medical Journal* several pages are devoted to showing why Eclectics ought to take the hook thrown out by our old-school friends to catch Eclectic fish; and like the foolish minnow in the fable, the writer sees nothing harmful in the innocent-looking object; it looks so much like a worm, a morsel of food devoutly to be desired.

The writer candidly admits the presence of the hook when he says "that our old-school friends will attempt to avoid the humiliation of openly acknowledging their past errors by using and recommending our remedies, by buying our literature and giving us due credit for our work, by resorting to measures to destroy our identity as a school and appropriate our work without giving us due credit." He further says that "the old-school fellows have thrown down the barriers; have prepared a feast and invited us to partake," like unto the fisherman who throws out the fatal hook and invites the silly fish to have a worm. He then asks if it is not possible for us to nibble and not get caught. He seems to fear that, should we refuse to take the bait, we will be accused of narrowness, bigotry and prejudice. Humph; he seems to admit that it is a put-up job, knows it is a baited hook, yet denies there is a lurking danger in the innocent-looking object floating before his eyes, and advises his fellows to get busy with the show.

He also makes the statement that the terms of invitation are unconditional. No doubt that the terms of surrender are unconditional as far as we are to make the conditions, but the would-be victor has made the terms humiliating, to any self-respecting man who believes he has been standing out for a principle, by demanding that we bury the word Eclectic so deep it can never be resurrected.

The writer has another thought, which is, that if we refuse to swallow the hook which "bears the semblance of fairness," we will be declared a set of narrow-minded bigots who ought to be damned.

He also states that in the past we have given vent to our feelings in no uncertain terms. Yes, thank God, when John M. Scudder, John King, A. J. Howe and a host of others like them were alive, they gave vent to their feelings in no uncertain tones. In those days "taffy" had no commercial value in the field of Eclecticism. There were none anxious to break into the discarded pasture of the old school. They did not believe they placed themselves under the ban of public sentiment by standing up and stoutly defending what they believed to be right and what was for the welfare of the people; nor did they, nor will we by doing the same, invite the condemnation of the public.

We who resist the demand to come in are not troubled with "deglu-

phobia" or any other form of fear, nor do we talk and write to keep our courage up, but rather to sustain the weak, encourage the strong, and keep the brethren from bowing down before the golden calf and worshipping at the shrine of popularity.

The best work in the world has ever been done by those who stood aloof from the crowd; who sacrificed popularity for truth, and who were designated bigots, fanatics and cranks. It has always required a fight to get the truth before the people, and it will bring on a fight when the truth is pushed forward, and I believe that the fellow on the outside of the crowd is the best observer and worker for the world's betterment. I do not believe we have to join the majority church to do right. I do not believe we will be compelled to stultify ourselves by giving up our birthright simply because we are asked to do so in order to avoid damnation by the public.

I have always been willing to grant every school in medicine the right to teach and practice as it pleases and take pride in all the good they do, but I am not ready to masquerade in the disguise of the dominant school. It was thought the right thing to resist the enemy when they were trying to tear the fences from around our truck patch; I believe it no less our duty to stand to our pikes when that same enemy tries to tunnel under the fence.

STEPHENS.

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### A DRUG IS ANTITHETICALLY RELATED TO FOOD.

The fact embodied in the above title is a most momentous one. Upon the acceptance or non-acceptance of the proposition depends the difference between scientific practice and malpractice. The *ex cathedra* method of this statement is derived from half a lifetime of hard study and patient experimentation — not from the jumped-to cocksureness of the shallow sciolist. If this has an immodest squint, I can't help it, for what man can transcend self-criterionship?

I posit that a drug never becomes a food, and a food never becomes a drug. Note, that to say a food never becomes a drug is not to say that a food never becomes a *remedy*. Many, many times in these pages, and in the pages of other medical journals, and very specially and exhaustively in my little book, "Preventive Medicine," I have insisted on the simple differentiation expressed in the title of this article. Because all foods contain drug elements, and all drugs contain food elements, the usual doctor jumps to the conclusion that foods merge into drugs and *vice versa*. Is asparagus at once a food and a drug? This vegetable contains a diuretic element. But this element is *not* assimilable; it performs its drug office and is then eliminated. There is an aperient

element in tomatoes; it asserts itself as a drug, and is then eliminated; and this is true throughout a limited list of foods. Foods are *constructive*; they *add* themselves to the tissues. Drugs are *destructive*; they *subtract* from the tissues. Drugs are foreign to the organism, and when they happen to cure, they do so by shock. There never was a cure which was not the result of shock — shock in magnitude or minitude. Even our fundamental stand-by, physiological optimism, cures by shock, for it *conflicts* with the morbid, and the dominant note of conflict is shock. There is every degree of shock, from that which is not consciously perceptible to the grossest forms. Food coaxes and cossets; drugs do exactly the reverse. Food is homogeneous to the system; drugs are heterogeneous to it. It is certain that everything ingested has a friendly or hostile affinity for particular tissues or parts. There is an element in food that has a specially friendly affinity for the glandular system; phytolacca has a hostile affinity for this system. When a morbid tangle is developed in, say, the mammæ, we send phytolacca to the part, and it raises a riot there. In the tumult the morbid trend is deflected into the normal one. Thus it is seen that the only justification we have for the use of drugs depends upon their inimical relation to the physical organism. I submit that by all the possible tests of reason and fact my theory of cure is the *philosophy* of cure. More anon.

COOPER.

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### CHOREA.

Chorea has been before the medical world for many years as a disease characterized by certain well-recognized symptoms, the chief of which were involuntary, irregular and purposeless muscular contractions. It would appear that no disease was so well described or so firmly established in our nomenclature as this morbid entity, and yet we find, as the years go by, that some of the pathological conditions formerly included under the term chorea have been isolated as separate diseases and given a distinctive name. More recently advanced writers upon neurological subjects are asserting that, in fact, there is no pathological basis for the term chorea, but that the symptomatic manifestations usually regarded as defining this disease are really no more than indications of an anti-infection of the same nature as that which gives rise to the so-called rheumatism. The intimate relation of chorea, rheumatism, and also of some forms of tonsillitis, inevitably lead to the conclusion that each of these affections is due to a primal and similar cause. We have but to look back over medical history to discover that many states formerly called chorea are now no longer so classed. Among these may be mentioned Huntingdon's disease, hereditary chorea, ecstasy, tarantism, St. Vitus' dance, and other similar states, which are



psychical rather than neurotic. Various diseases are accompanied by irregular and purposeless movements, which are not and can not, properly, be called chorea, but are a part of the trouble with which they occur, and are simply due to nervous irritability or low potential. Correction of refractive errors, circumcision, unhooding the clitoris, rectal dilatation and removing digestive wrongs, have all proven curative in chorea, and this condition was then not a disease, but a symptom. Chorea is always a symptom, and may arise from various causes. When all sources of irritation are removed the symptom no longer exists. The choreic manifestation arising from anti-infection are best cured by the elimination of morbid material from the blood and the prevention of the formation of these injurious products in the body. When this is done, the various sources of irritation mentioned above, which, after all, are but exciting causes, will no longer develop a latent tendency to this disease. Our object should be to cause active excretion through skin, kidneys and bowels, and by the judicious use of digestives and tonics place the patient in a state of health. In the meantime palliative measures may be taken for the comfort of the patient until we have obtained results from our general medication.

WATKINS.

### RECIPROCITY AND REGISTRATION.

I am receiving numerous inquiries in regard to the various arrangements for the issuing of reciprocity certificates between States, as well as what steps to pursue to register in the various States by examination. I am willing to answer these inquiries for our graduates and subscribers, but frequently much time and trouble can be saved by addressing the Secretaries of the State Boards direct, who will promptly furnish the desired information.

In many cases the rules of the various Boards are constantly changing, and no one but the Secretary can answer inquiries with exactness. For this reason, I would suggest that correspondence be addressed to the proper officials.

STATE.	NAME SECRETARY.	ADDRESS.
*Alabama,	W. H. Sanders,	Montgomery.
*Arizona,	Ancil Martin,	Phoenix.
*Arkansas,	F. T. Murphy,	Little Rock.
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Colorado,	S. D. Van Meter,	Denver, 1723 Tremont.
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Idaho,	J. L. Conant, jr.	Genesee.
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Maine,	Wm. J. Maybury,	Saco.
Maryland,	J. McP. Scott,	Hagerstown.
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North Dakota,	H. M. Wheeler,	Grand Forks,
Ohio,	George H. Matson,	Columbus, State House.
*Oklahoma,	J. W. Baker,	Enid.
*Oregon,	B. E. Miller,	Portland.
Pennsylvania,	N. C. Schæffer,	Harrisburg.
Rhode Island,	G. T. Swartz,	Providence.
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*Utah,	R. W. Fisher,	Salt Lake City.
Vermont,	W. Scott Nay,	Underhill.
Virginia,	R. S. Martin,	Stuart
*Washington,	U. W. Sharples,	Seattle.
*West Virginia,	H. A. Barbee,	Point Pleasant.
Wisconsin,	J. V. Stevens,	Jefferson.
Wyoming,	S. B. Miller,	Laramie

SCUDDER.

**OSLER'S MODERN MEDICINE.**

We feel like going out of our way some to notice editorially the forthcoming work on *Modern Medicine*, under the editorship of Prof. William Osler. This work will embrace seven large octavo volumes of over nine hundred pages each, and will be fully illustrated. While we do not agree with many of Dr. Osler's ideas in medicine or concerning longevity, still he is one of the best fitted men to supervise such a monumental work as the publishers, Lea Brothers, have undertaken. Dr. Thomas gives a more extended review of Volume No. I in the regular department devoted to book reviews.

SCUDDER.

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## Original Communications.

### PHYSICAL METHODS IN THE TREATMENT OF DISEASES OF WOMEN.

BY OTTO JUSTINER, M. D.

Lecturer on Physical Therapeutics in the Eclectic Medical Institute.

If, for some reason or other, an acute inflammation has not terminated in absorption, suppuration or sloughing, but continues in a mild degree, the condition is called a "chronic inflammation." It is characterized by a passive congestion, thickening or hardening of the tissues and a tendency to acute exacerbations. Eventually changes occur in the structure of the tissue owing to the altered conditions of nutrition. The most characteristic sign of a chronic inflammation is the absence of a restorative tendency. The part affected apparently remains *in statu quo*. There is no resisting power in the affected region. Acute symptoms are likely to arise at any time. The structural changes may consist in the formation of cicatricial tissue, firm adhesions, thickening of membranes, proliferation of connective or other forms of low tissue, organization of exudates, etc. There may be complete suspension of function owing to atrophy or destruction of the functioning elements, exaggerated or perverted function. At times the chronic inflammation begins and continues as such. The word "catarrh," which in the minds of the public has a well-established significance, refers to these conditions. They may be the local expression of a deteriorated state of the system, acquired or inherited. They may be due to long-continued irritation of the part. This irritation might be due to the mistreatment of an acute inflammation. The catarrhal conditions in the right iliac fossa, which are essentially chronic, and after a number of acute exacerbations might become the culture-soil of pus-germs, are illustrative of a class of cases that are not infrequently produced by the wrong kind of therapeutics, *e. g.*,

the continuous use of the ice-bag. The catarrhal conditions in and near the uterus might be the products of abuse (irritating vaginal douches, cold douches, sexual errors, etc.), causing changes in the circulation and nutrition of the parts. That, under these conditions, latent embryonic cells might be stimulated and developed, leading to malignant formations, there seems to be no reasonable doubt. That this is the etiology of uterine cancer seems to be more than plausible. Chronic inflammation or catarrh may gradually give rise to atrophy, hypertrophy, degeneration of diverse kinds, hyperplasia, ulceration, cicatrization, exudation, suppuration, and may be associated with any number of intercurrent affections.

From a clinical point of view chronic inflammations or catarrhal conditions might be divided into those which involve inaccessible and those which affect accessible parts. In the latter the local treatment would necessarily be an element of great therapeutic importance.

In cases of inaccessible chronic inflammations hydrotherapy enables us to control, alter, increase or decrease the circulation in and near the affected region (derivation). The possibilities of water applications are well nigh unlimited. In all cases of chronic inflammation or catarrhal conditions, irrespective of their location, duration, extent, or severity, elimination through the skin should be the beginning of all rational therapy. A local circulatory disturbance can not exist for any length of time without involving the system generally. Sluggish circulation in the affected part disturbs the local metabolism. Retained waste, effete matter and combustion-products gradually are absorbed from the chronically congested area into the general system, giving rise to the thousand and one possible forms of auto-intoxication in variable degree of severity. Thus we get the typical picture of a chronic ailment, local in its pathology, but constitutional in its symptomatic expressions. Not infrequently the general symptoms detract from the local disturbance. Through the sympathetic nervous system, whose fibers and ganglia are irritated by absorbed toxic material, an unending variety of symptoms might be produced. Chronic inflammatory conditions of the gastric, intestinal, or bronchial mucous membranes, of the pelvic cellular tissue, of the Schneiderian and pharyngeal membranes, of the ovarian tissues, of the connective and fibrous tissue in the muscles of the back, are in this way responsible for any number of variety of toxemic symptoms, erroneously called "reflex" symptoms. The latter term is a much-abused mantle of charity which covers a multitude of diagnostic inaccuracies. Reflex symptoms (*e. g.*, headache, neuralgia, vertigo, palpitation of the heart,

malaise, irritability, etc., etc.) are usually evidences of auto-intoxication and require general eliminative treatment. This is most emphatically proper in cases where an acquired or inherited vicious condition of the system prevails. In all catarrhal conditions the first step in the treatment should be to open the avenues of excretion. Colon-irrigation should be practiced twice or three times a week. The skin should be kept active by general packs, dry-heat baths, vapor baths, etc. On general principles it might be stated that in most chronic conditions excretion is sluggish and reaction imperfect. Therefore, the hot applications (dry-heat cylinder, vapor bath) are preferable to the more exacting cold moist packs. The latter are to be substituted after the system has become habituated to active metabolism. General massage should be added to all general treatments outlined above. Dietetic directions should be given in keeping with the physiological requirements of the individual case. Afebrile conditions require a preponderance of carbohydrates (bread, Graham bread, schrot-brot, crackers, rice, oatmeal, zwieback, milk-toast, fresh fish, oysters, potatoes, fresh fruit, and vegetables, with the exception of peas, beans and lentils). The idiosyncrasies of the patient and individuality of the patient's stomach should be considered. Fresh water is always proper. Weak coffee and tea are permissible, alcoholic stimulants are contra-indicated in most cases.

In view of the vast importance of air and light on metabolism, exercise in the open air and exposure to sunlight should be insisted upon. No sanitarium for the treatment of chronic diseases of women is complete without a solarium.

Electricity is a splendid helpmate in the general treatment of chronic inflammatory conditions, the object of electrical applications being to aid in general innervation and help in the restoration of metabolic activity. General faradization is proper in cases of muscular asthenia. General galvanization answers well in cases of sluggish lymph-circulation and inactive skin. Both currents can be administered by means of a water bath, which carries one polarity, while the other pole is applied to some portion of the patient's skin (out of the water). Static applications are useful (potential alternation, insulation). Last, but by no means least, general high-frequency applications are capable of producing splendid effects on metabolism (D'Arsonval's cage diasolenic cylinder).

To improve the tone of the vegetative functions of the organism, vibratory stimulation (mild, rapid strokes, three to five minutes daily) along the sixth to the twelfth dorsal vertebrae on either side of the

median line should be practiced. Manual manipulations may be given with the patient lying on the right, patient's left arm raised up, her hand resting on left side of her head. The operator should stand on the side of the table toward which the patient's face is directed, pass his left hand over the patient's shoulder, his right hand over lower ribs of patient, until his fingers rest on the left side of the spine between the sixth and twelfth dorsal vertebrae. With his fingers firmly placed on the line described, the muscles of the spine should be drawn upward, downward, and outward successively, by regular movements of the operator's hands. Let the patient turn over on her left side with her right arm, operator facing the patient for treatment of the muscles on the right side of the median line. This mode of manipulation is an excellent stimulant for the general metabolic functions through the splanchnic nerves, and may be followed by vibration, as indicated above.

The therapeutic directions given comprise the general treatment of chronic inflammatory or catarrhal states in the female pelvis. They should be applied, singly or in combination, with due regard to the peculiarities of the individual patient. The object of general treatment is to improve the system at large and, incidentally, remove the evidences of auto-intoxication (reflex symptoms). General treatment is indicated in all chronic catarrhal conditions. If the seat of the trouble is directly accessible, the local treatment is, of course, equally important.

#### LOCAL TREATMENT.

The chronic catarrhal states which may prevail in the female pelvis may involve the uterus, the tubes, the ovaries and the connective and peritoneal tissue closely related to the intra-pelvic organs. We may encounter chronic inflammations of the uterus (metritis), tubes (salpingitis), ovaries (ovaritis), of the connective tissue around the uterus (parametritis) or in the pelvis at large (pelvic cellulitis), of the serous covering of the internal genitalia (perimetritis, pelvic peritonitis) in various degrees of severity and due to a variety of causes. The etiology of the catarrhal state should be carefully considered in adopting a therapeutic regime. Sexual hygiene should be enforced in all these cases: 1. By cleanliness (vaginal douches and warm ablutions). 2. Regulation of cohabitation. 3. In certain cases by attention to the functions of the bladder and rectum (catheterization, rectal injections).

In the individual case the local treatment will depend on many accidental features. There may be a low form of inflammation involv-

ing the tissue of the cervix or uterus, and associated with considerable enlargement of the affected portions owing to proliferation of connective tissue (hyperplasia). The catarrhal surface may be engorged, and thus bleed easily. It may be broken down in places, giving rise to ulcers and granulation. The catarrhal state may involve some of the connective or peritoneal tissue. There may be foci of inflammatory reaction that nature attempted to repair in the presence of abnormal nutritional and functional conditions, the result being the formation of cicatricial tissue. The latter may have caused neighboring parts to be dragged out of their normal position, *e. g.*, the uterus. Inflammatory exudates, instead of being absorbed, may continue to exist in a more or less advanced state of organization, causing changes in the relation of the pelvic contents or giving rise to pain, disturbed defecation and micturition, and various reflex disorders by pressure on special structures (nerves, bladder, etc.). Then there may be the thousand and one symptoms produced by reflex irritation of the nervous system or by absorption of toxic material from the sluggish venous and lymphatic circulation of the pelvis. In all these conditions the object of the treatment should be to stimulate metabolism in the affected region, to tone up innervation, to restore normal relation by breaking up adhesions and forcing the absorption of exudates. Many of these cases present purely surgical problems, but by no means as frequently as the gynecologist to-day would lead us to believe. Operative treatment in many of these cases is unnecessary, and not infrequently useless. Physiotherapy has established a conservative system of gynecology for which the world is indebted in no small measure to the genius and resourcefulness of the American therapists.

In order to stimulate metabolism in the pelvis, and in this way to help in the absorption of exudates, extravasations and effusions, depleting applications to the external parts and to the abdomen, are useful. Some gynecologists, notably G. M. Blech, have championed the local use of light as a substitute for hydro-therapeutic applications. The treatment is given by means of a specially-constructed chair, which is provided with incandescent lamps. Powerful stimulation of skin function primarily, and metabolism secondarily, follow the application, the effect being partly due to the action of the thermic rays, partly to that of the luminous rays. A treatment lasting from fifteen to thirty minutes may be administered daily. It is advantageously followed by a vaginal high-frequency application for ten minutes. In this way the reaction is intensified, not to speak of the disinfectant action of the high-frequency radiations.

The galvanic current is adapted to these cases in a variety of

ways. In applying it we must bear in mind that the positive pole attracts oxygen and contracts the blood vessels. It temporarily increases local oxidation, but lessens the actual amount of blood which is carried to the part. In intensifying oxidation it stimulates the lymphatics and promotes absorption. By contracting the vessels it forces the veins to evacuate their contents and regenerate the quality of the nutriment which is carried to the part. Ordinarily an application (five to twenty milliamperes) should last from ten to twenty minutes to produce these effects. It can be repeated once every other day. The negative pole can be put in a convenient place near by. The abdominal wall is a splendid place of application for the negative pole, by means of a flat pad-electrode. In all conditions in which it is desirable to intensify the change of tissue elements locally, and thus to help in a physiological regeneration of the affected part, the positive pole should be used as the active pole. It should be brought as close to the affected portion as possible by means of a suitable (vaginal, uterine) electrode. The styptic action of the positive makes it ideally available in treating surfaces that are congested and have a tendency to bleed.

After pathological changes have taken place, the constructive effect of the positive pole must be supplanted by the destructive action of the negative pole, especially in chronic inflammatory conditions of the mucous membranes, attended by hyperplasia, thickening and hardening of the underlying tissues. The dehydrating action of the negative pole causes disintegration of the morbid tissue and gives a powerful impetus to the process of repair by the reaction which follows, which resembles a mild type of an obliterative inflammation. The positive pole is placed on the back or on the abdomen, the negative pole being applied directly to the affected surface or part by a suitable instrument. The effect can be enhanced by wrapping moist cotton or chamois around the tip of the electrode. A current of from five to fifteen milliamperes can be advantageously employed for from five to ten minutes every two or three days, depending on the degree of reaction which is desired in the individual case.

In cases where a germicidal effect, together with an astringent action is desired, the use of a copper electrode with the positive pole (cupric electrolysis) is of advantage. The affinity of the positive current for oxygen causes the latter to combine with the copper, forming an oxide of copper. The sodium chloride contained in the blood is decomposed, the free HCl combining with the copper oxide, the result of the combination being oxy-chloride of copper, which has strong



germicidal and astringent properties. It is even carried into the deeper tissues by cataphoric action and can be advantageously employed in many infective (purulent) conditions of the pelvic contents. Chronic suppuration in the pelvis (*e. g.*, in one or both Fallopian tubes) may follow an acute infective process. After the acute stage has passed, the purulent fluid loses its specific infective character and becomes more or less innocuous. The pus-germs cease to be active. In cases of this kind conservative electro-therapeutic treatment in conjunction with other means to promote local metabolism leads to absorption of the fluid, leaving a healthy, dry cavity behind. In addition to the therapeutic measures mentioned, galvanization of the pelvis (one electrode in a sitz bath, the other on the back, poles frequently reversed) is a local alterant of great virtue. A similar action can be produced by using a douche as a conductor.

To restore the muscular tone of the pelvis, faradization is an agent of unquestioned value. It can be administered by means of a suitable vaginal or uterine electrode or by the hand of the operator, who holds one sponge electrode in the unengaged hand while the other electrode is placed on the patient's abdomen or held in her hand. Faradization by means of a local or general bath is likewise useful.

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## PSYCHIC PHENOMENA.

By H. L. Henderson, M. D., Astoria, Oregon.

"There are more things in heaven and earth, Horatio, than are dreamt of in our philosophy," was true when it was said by the great poet through the mouth of Hamlet, and it is true to-day, and perhaps will always be true. Many men, especially in the medical profession, are very prone to ridicule anything that happens to stand outside the often limited area of their own narrow field of information, and to brand as unreasonable and false any proposition that does not chance to fit their own preconceived notions of the eternal fitness of things. When anything borders on the domain of what we have always looked upon as supernatural, we are very prone to cry, Pooh! pooh! and thrust it aside as the vaporings of a weakened brain, and the one who announces such things is very likely to be ridiculed. Yet, the time has arrived when every physician who poses as one up to the times must know of and be familiar with the phenomena of psychic science in all its bearings, and, from the signs of the times, it will not be very long before the physician who is not so informed will be classed as a back number. Many volumes have been written by authors whose

scientific standing and ability can not be questioned. Such men as Hudson, Crookes, Wallace, Burnheim, Dubois, and a score of others equally prominent have told us that such things occur in the domain of psychology; and when a man denies them he disputes such men as these, thus often putting himself in an unenviable position, because he himself has failed to investigate these phenomena, and he egotistically thinks that he possesses all the knowledge that there is in the world. To such men the quotation at the beginning of this essay is specially applicable. I have observed a few peculiar phenomena, which I propose to report, but will not attempt an explanation, leaving that to others more deeply versed in the science of psychology than myself. If such things can be, it stands us well in hand to master them and understand them as far as possible, and use them to the betterment of our patients and, secondarily, to the enrichment of ourselves.

The first case that specially attracted my attention was in the person of a young man whom I had known casually for several years, and who is still a patron and acquaintance. On the occasion in mind a traveling "hypnotist" named McEwen, a gentleman of unusual attainments in that field, was giving a series of lectures and demonstrations in the opera house of this city. One evening, while going through the preliminaries preparatory to the exhibition of hypnotic phenomena, he found among his "class" on the stage this young man referred to. In looking over the young man, he noted a large cervical tumor, possibly tubercular, occupying the region underneath the left sterno-mastoid muscle. Turning to the audience, of whom I was one, he (McEwen) said: "Dr. Henderson, I find here a young man with a large tumor on his neck. Will you take it out at your office under hypnotism?" I replied in the affirmative, and the time was set for the next morning at 10 o'clock. At the appointed time the subject was there, ahead of the appointed time as much as a half hour. In due time McEwen arrived, and I, having called in my neighbor physician to assist me, together with some three or four educated gentlemen of the immediate neighborhood, proceeded to operate. The subject was duly hypnotized, and I, with the physician to assist me, worked deliberately for a period of time amounting to about fifty minutes, carefully dissecting the growth from its surrounding adhesions, and removing it. It proved to be located in a cervical lymphatic, and measured fully two inches across its surface, being about three-quarters of an inch in thickness, being biscuit-shaped. The subject took no medicine of any kind. He did not evince the least sign of sensa-

tion, not so much as the quiver of an eyelid or the catching of a single breath. I closed the wound, requiring five stitches to do so, and applied the usual aseptic dressings. The patient was then aroused by McEwen, and he, the patient, declared that he had felt no sensation whatever, and could hardly be convinced that his "tumor" was really gone. Would it not be a good thing for physicians to know how such things are done, and then do them?

My second case that I will report runs in a somewhat different channel from the one above, yet they are related to a certain extent. In 1904 I attended the Louisiana Purchase Exposition in St. Louis. I took with me, for reading while traveling, Hudson's "Law of Psychic Phenomena," and, while traveling, read it over perhaps more than once. In due time I returned to my home, and on the very day of my arrival the letter-carrier on the route in which my office is situated came in with his usual load of mail. He expressed great delight that I had arrived home, and said: "Doctor, I am awful glad you have come home, as I have been feeling very badly for several days, and I feel now as if I might send for you as soon as I can get off from work." This he did, for in a few hours I received a telephone call from his wife, asking me to come at once. I found a pronounced and typical case of appendicitis, of rather a severe degree. I began treating with all the vigor that I could summon, as I felt a certain degree of pride about the case, he being one of the best-known and popular men on the postal force in our city. To make a long story short, he went down, down, with a painful regularity. I called to my assistance the most able man in this portion of the country, and we together visited him twice each day. Without going into details, I will say this: it was a case on which we could not resort to surgical measures. Time went on to about the sixth or seventh day of the case. We visited him late in the afternoon, and I went to see him at ten that night. We, at the afternoon visit, informed the wife that we did not expect "Gus" to live through the night. At the 10-o'clock visit I repeated the warning.

On my return from the night visit I went to bed, and immediately began to think of the patient, regretting with all my heart the unfortunate termination of the case. While so reflecting, there suddenly came into my mind some of the things I had recently read in Hudson's book. I thought to myself, Is there any power of my mind over the physical condition of my patient? If there is, I will give him the benefit of it. I at once concentrated my mind upon the idea: "Gus shall get well; he shall get better immediately." I held this thought

in my mind until mental exhaustion brought about sleep. Early the next morning I hurried to visit the patient, and at the same time dreaded to see the house, as I almost expected to see crape on the door. When I opened the front door and saw the face of the wife I knew that "Gus" was better. On inquiry I was told that "a little after midnight there seemed to be a load lifted off me, and I fell into a quiet and refreshing sleep, from which I awoke just a few minutes before you came in." To again make a long story short, he convalesced very rapidly, and in a short time was again carrying mail, and is so doing to-day, with never a single sign of the appendicitis. What did it? I am morally certain that the medicines that I was giving him did not accomplish the result. Was it coincidence? Possibly.

Now for another case along this same line. While in St. Louis, on the trip above mentioned, I spent a week visiting my parents, who were living on a farm in the then territory of Oklahoma. For about a year and a half previous to this time I had been sending medicines to my mother, who was suffering from a severe case of gallstones. While visiting her on the occasion mentioned, I saw her pass through several attacks of that terrible malady. I studied her case with all the professional ability that I could bring to bear. I gave up. I said to my father: "I will get for you a hypodermic syringe and some morphia, and as she can not get well, we will make her life as bearable as possible so long as she lives." This I did, and bade her good-by, never expecting to again see her alive.

Some four or five weeks after I came home I received a letter from my brother, telling me that I might expect a telegram any day telling me that mother was dead, as she was rapidly sinking, in constant agony, and was at the time of writing only semi-conscious, and that she had begged them not to give her more morphine, and that they had desisted. Of course, this letter fell like a cloud upon me. I constantly thought of her, and of the excruciating torture that she was suffering. My whole heart went out in sympathy and grief. That night I lay in bed thinking of her and of the life that must be nearly gone. Suddenly it flashed into my mind: "Possibly I helped Gus, why not my poor mother?" Again I concentrated all my mental power upon the thought, "She shall get well; her suffering shall cease from this moment." I went to sleep with that idea pervading my mind. The next morning I went into my office, I noted down the date in my day-book. Each night on retiring I concentrated my mind in the same way as before. Some two weeks passed without a word

from the dear ones at home, although I had written to them several times. One morning I went into my office, and there in the mail-box was a letter addressed in the handwriting, though tremulous, of my dear mother. In it she told me that all her pain and suffering was gone, and also told me the date on which improvement began, and, strange to say, her first deep sleep was on the night on which I began that mental concentration. Again, to make a long story short, she convalesced very rapidly, and in about four weeks from the beginning of improvement, was able to assist in harvesting the crop of cotton, which was in danger of being destroyed for lack of pickers that could not be gotten that season. She lived for perhaps a year and a half, never feeling the least sign of the old trouble of gallstones, and then died from another trouble, not in the least connected with the liver or any of its functions. What did all this? I don't know. Coincidence, possibly (?).

I could outline several other cases of like character, but these will suffice to indicate a line of study that it behooves physicians at this time to take up and follow as far as the lights of science of the present day will permit. One beginning this study should approach it without any bias from preconceived notions or convictions; in fact, as one author puts it, he should take up the study as a little child, not mentally distorted by previous convictions. These things are done, and these things can be done, and more added to them. A physician, be he ever so well informed on other subjects, if he is lacking on this one point, then he has not the liberal and broad education that best fits him to cope with the problems of life and death. The learner should exercise great caution as to authors relative to this line of thought. The book market is at this time literally flooded with books that are as superficial and shallow as the ordinary dime novel, pretending at the same time to teach the profound truths of psychological science. Let the beginner be careful as to this. The man who takes up this study must expect to spend money freely, and occasionally he will be victimized to the extent of the price of a book that is heralded as of value, when it is really worthless to the real student. If students of medicine—that is, the practitioner of medicine, expects to and pretends to keep abreast of the times, he must study these things, and master them, else he will be outclassed in the race. Psychology was formerly in the hands of the charlatan and fakir, but now it is being studied and mastered by the best men of the world. Its possibilities are beyond the most exaggerated dreams of the ancient alchemists, and promises to open a field of usefulness not heretofore explored.

### THE SINGLE REMEDY.

By W. C. Abbott, M., D., Chicago, Ill.

I was particularly pleased with the article in the *ECLECTIC MEDICAL JOURNAL*, by Niederkorn, urging the prescription of single remedies. There has been no greater bar to therapeutic progress than the idea of a specific remedy for each disease; but so inveterately has it been implanted in the medical mind that it seems impossible to uproot it. The difficulty is due to a totally erroneous conception of the nature of a disease. Very few maladies can be looked on as specific entities. Syphilis and gonorrhoea are almost the only exceptions. We do not know how many micro-organisms are capable of inducing pneumonia, or cerebrospinal meningitis, or how many may be concerned in the production of the varied symptomatology of typhoid fever or of pulmonary consumption. We do know, however, that the treatment which will cure one case of any disease may kill another case of the same malady.

No physician who depends principally upon clinical observations for his conceptions of disease and his applications of therapeutics needs to have this matter explained to him. I can not but look upon utmost importance, conducing as it does to close observation, distinct the application of single remedies to meet single conditions as of the utmost importance, conducing as it does to close observation, distinct appreciation of pathologic conditions, and the accurate application thereto of appropriate remedies. I sincerely trust that the time is not far distant when no physician will ever administer a drug without knowing exactly why he does it.

This is not necessarily the treatment of a disease by single remedies. Disease is rarely so simple a matter as this; and it may well be that several distinct indications may demand the simultaneous exhibition of as many remedies. It is, however, a most accomplished therapist who can direct six or more remedies against as many ills in one human being's body at the same time, without one interfering with the action of another.

Prescription building, however, is not always a combination of several remedies to meet different needs. Sometimes we blend several agents in order to enhance certain effects which we desire, and lessen other effects which are undesirable. As an example of an admirably constructed prescription, I present the formula of the anesthetic-hypnotic tablet which is arousing such a sensation. In morphine and hyoscine we have two agents, each of which tends to induce sleep and benumb sensation, quieting nervous restlessness and appre-

hension; and from the union of these two agencies we get all these effects far more pronounced than from either of them taken alone. Hyoscine also checks the tendency to hemorrhage. Both relax vascular tension, and hyoscine especially checks the tendency to spasmodic contraction of the cutaneous capillaries, which forms so marked a feature of shock. Both tend to slow respiration, and both would sedate the heart slightly were it not that this effect is counterbalanced by relaxing the tension of the capillaries, thereby easing the work of the heart. This sedative effect upon the heart and lungs, however, slight as it is, might be of importance in dealing with individuals who could not bear the slightest trace of such depression without peril, so that to obviate this sedation cactin has been added. Experimentation showed that this drug admirably meets the indication, without in the slightest degree interfering with the hypnotic, analgesic or anesthetic action of the two other ingredients.

The result is a perfectly balanced prescription, capable of yielding all the desirable effects better than either of the ingredients alone could do, the undesirable action at the same time being practically eliminated.

Prescription building of this sort is, however, comparatively rare. Looking over compilations containing thousands of prescriptions, we are in many instances compelled to acknowledge our inability to comprehend the reason for their construction. Take, for instance, the formula which prescribes as a remedy for asthma a mixture of belladonna, hyoscyamus and stramonium. Now, can any reader of this journal inform us why such a prescription should be formulated? Each of the three ingredients contains atropine and hyoscine in variable proportions. Mixing the three together simply increases the uncertainty. If a man wants the atropine effects in any given case, why not give belladonna enough to get the effect he desires, since atropine predominates in that plant? If he wants the hyoscine effect, let him give hyoscyamus, in which hyoscine sometimes predominates. In fact, after looking over many pages of these prescription books, we are constrained to believe that the only valid reason that can be adduced for the employment of most of the formulas is the illustrious name attached to each of them.

It is to the credit of the Eclectic school that, above all others, it has studied the art of treating the sick; and this has given a practical value to the work of its members, which the rest of the medical profession would do well to consider.

## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By Harvey Wickes Felter, M. D., Cincinnati.

[Continued from page 300.]

The Faculty of 1854-5 stood: Wm. Sherwood, M.D., General, Special, and **Pathological Anatomy**; J. W. Hoyt, M.D., Chemistry, Pharmacy, and Medical Jurisprudence; C. H. Cleaveland, M.D., Materia Medica, and Medical Botany; J. R. Buchanan, M.D. (Dean), Physiology, Institutes of Medicine, and Therapeutics; R. S. Newton, M.D., Medical Practice and Pathology, and Lecturer on Clinical Medicine and Surgery; Z. Freeman, M.D., Operative Surgery, and Surgical Practice, and Lecturer on Clinical Surgery; J. King, M.D., Obstetrics, and Diseases of Women and Children; Henry A. Warriner, M.D., Demonstrator of Anatomy. Newton and Powell's, and Jones and Morrow's "Practice" were now announced as text-books.

The Faculty of 1855-56 remained the same as that of 1854-55, excepting that Therapeutics was transferred from Professor Buchanan's chair to that of Professor Cleaveland, and Prof. I. G. Jones was made Emeritus Professor of the Institutes of Medicine, as a mark of esteem for his distinguished services as an Eclectic pioneer, teacher, and author. The Announcement for this session adds to its list of text-books, Dr. King's "American Eclectic Obstetrics," just issued.

The ignorance of Professor Cleaveland regarding the medicinal agents then in use among the Eclectics, soon led to a serious breach in the Faculty. Professor Newton advocated both in his teachings and in his journals—the *Eclectic Medical Journal* and *Newton's Express*—the employment of the new concentrated medicines just then coming into use and known as the "Eclectic Concentrations." These Professor Cleaveland viewed with distrust, as did some of the other members of the Faculty, and he took every occasion to attack both them and Newton's teachings. Naturally, this seriously embarrassed the school, as the students knew not whom to follow. On the other hand, Dr. Newton was not on the most peaceful terms with Professor Buchanan. Besides, there was bad financial management on part of both Newton and Buchanan. Some of the members of the Faculty did not receive their salaries, although it was known that the students had paid in their tuition. A portion of the Faculty, headed by Buchanan, repudiated the National Eclectic Medical Association, while Newton and Freeman declared their allegiance to it. Newton's journals were having a successful run, and the disaffected portion of the Faculty (chiefly Cleaveland, William Sherwood, and Buchanan) sought to obtain control of the *Eclectic Medical Journal*—the College



organ, owned and controlled by Newton, and suppress the *Express*, which was Newton's private venture — and make Dr. Cleaveland, who was considerable of a scholar and a good writer, editor. The latter and his associates declined to assume the financial responsibilities of conducting the *Journal*, whereupon Dr. Newton refused to let them have it. Failing in this, the Cleaveland party instituted and published the *College Journal of Medical Science*, which, being brought out by the majority of the Faculty, with I. G. Jones and all but Newton and Freeman as editors, virtually represented the Institute, while the regular College organ was repudiated. The concentrated remedies were made the point of attack, Newton vigorously defending them. Added to this, King and Newton disputed over the *American Eclectic Dispensatory*, and in 1854 Newton's name was taken off the work. Newton retaliated by entering into an agreement with the proprietors and manufacturers of the "Concentrations" to publish a book which should supersede the Dispensatory. Thus matters went on until the spring of 1856, when the crisis came, and the Faculty now hopelessly divided, were at open war. Newton and Freeman were on the one side, while Cleaveland and Buchanan had drawn to their support Sherwood, King and Hoyt. I. G. Jones, now in declining health, also sympathized with the dissenting party. Dr. L. E. Jones and Dr. A. H. Baldrige, though not members of the Faculty, sided with Newton. The supreme effort came April 7, 1856, when a new Board of Trustees was to be elected.

A move was made by the Cleaveland party to surreptitiously control the Board of Trustees, so as to expel Newton and Freeman from the Faculty. Dr. Newton prayed the Superior Court "for a bill of injunction, restraining said [seceding] Faculty, and other persons assuming to act as Trustees, from the performance of all and every act but that of lecturing, which injunction was granted, and a writ issued to bring the illegal stock into court to be canceled." This injunction was afterward dissolved by Judge Storer. The Board of Trustees also authorized that "the Treasurer of the Board of Trustees shall have the care and control of the College building, as well as all property, books, specimens, apparatus, seals, engravings, etc., belonging to said corporation, subject to the order of the Board of Trustees."

At the meeting of the Board of Trustees held April 7, 1856, Professors J. R. Buchanan, William Sherwood, John King, C. H. Cleaveland and J. W. Hoyt were removed from their respective chairs in the Institute.

The quarrel had now become a matter of public notoriety. The

expelled members repaired to Gordon's Hall, at Eighth Street and Western Row (now Central Avenue) with their *Journal*, and completed the session, graduating a class of twenty-nine of their adherents, the diplomas bearing the name of the Eclectic Medical Institute. After a summer of disputation and legal maneuvering, an action in *quo warranto*, invited by the Newton party, was resorted to, to determine which was the lawful Board of Trustees—and particularly who was the legal Treasurer. The bogus stock was then ordered canceled by the Court, and Dr. Robert S. Newton was declared the lawful Treasurer of the Board of Trustees of the Eclectic Medical Institute.

In the latter part of the year (September) 1856, the complexion of the Faculty was changed by making Professor Powell, Emeritus Professor of Cerebral Physiology, and the important appointment of Dr. John Milton Scudder, recently graduated, to the chair of Anatomy. The appointment of Dr. Scudder—who was destined to become conspicuous as a teacher and writer, and the one to rehabilitate and save the Institute—marks an epoch in the history of this institution. The Faculty now stood as follows: J. Milton Sanders, M.D., Chemistry, Pharmacy, and Toxicology; L. E. Jones, M.D., *Materia Medica*, Therapeutics, and Medical Botany; W. Byrd Powell, M.D., Cerebral Physiology; G. W. L. Bickley, M.D., Physiology, Institutes of Medicine, and Medical Jurisprudence; R. S. Newton, M.D., Theory and Practice of Medicine, and Pathology, and Lecturer on Clinic Medicine; Z. Freeman, M.D., Surgery, and Surgical Practice, and Lecturer on Clinical Surgery; J. M. Scudder, M.D., General, Special, and Pathological Anatomy; A. H. Baldrige M.D., Obstetrics, and Diseases of Women and Children; Edwin Freeman, M.D., Demonstrator of Anatomy.

The Eclectic text-books now in use (besides old-school works) were Gregory's "Chemistry," by Sanders; "American Eclectic Dispensatory," Beach's "Materia Medica," Bickley's "Botany," Newton and Powell's "Eclectic Practice," Jones and Morrow's "Eclectic Practice," Hill's "Eclectic Surgery," and King's "Obstetrics," all but one of which were by Eclectic authors, connected at one time or another with the Institute; and that one, Gregory's "Chemistry," was an American edition of an English work, adapted by Professor Sanders.

The defeated portion of the Faculty wisely refrained from carrying the contest into the higher courts, and on December 22, 1856, filed with the Auditor of Hamilton County, Ohio, "Articles of Asso-

ciation" creating a corporate body to be styled "*The Eclectic College of Medicine.*" The incorporators filling this application were Jos. R. Buchanan, William Sherwood, Jas. C. C. Holensshade, John King, C. H. Cleaveland, A. H. Wells, Wm. A. Ashton, Wm. S. Sampson, Wm. B. Sheppard, and A. Jackson Howe.

The new college, with J. R. Buchanan as Dean, opened up in October, 1856, in two rooms in College Hall, on Walnut Street, between Fourth and Fifth Streets. The school had a successful winter session, matriculating sixty-six students, and graduating twenty-nine, and conferring honorary degrees upon two. Its Faculty was composed of able men, of whom, beside those who were expelled from the Institute, may be named Drs. Andrew Jackson Howe, of Worcester, Mass., and Walter Burnham, of Lowell, Mass., whose name was added to the Faculty, but who did not lecture, on account of poor health. Afterward learning that he had been called in the name of the Eclectic Medical Institute by the defeated Board, who had no power to do so, the latter refused to ally himself with the school.

After the legal decision giving Dr. R. S. Newton the trusteeship and possession of the College building, he at once began to organize a new Faculty. Dr. Sanders, who had resigned on account of the free-education movement; Dr. L. E. Jones, who had been expelled at the instigation of Buchanan, and Dr. Baldrige, who withdrew upon the establishment of a chair of Homeopathy, were recalled and reinstated as members of the Faculty, while Dr. Wm. Byrd Powell, who was Newton's associate in the Memphis Institute, and who had refused a former offer to become a member of the Faculty, not wishing to be associated with Professor Buchanan, was appointed to the chair of Physiology and Institutes of Medicine.

There was no further trouble of any consequence between the rival colleges. The Eclectic College of Medicine ran for over two years, when, in 1859, it was consolidated with the Eclectic Medical Institute. On the 14th of March, 1857, Professor I. G. Jones, who had espoused the cause of the new College, and become a member of its Faculty, passed from among the living. The Eclectic Medical Institute now applied itself vigorously to taking care of itself, and to doing good educational work.

The Faculty of 1857-58 remained as for the previous year, except that Drs. Newton and Freeman interchanged chairs. Gregory's "Chemistry," and Bickley's "Botany," had been reinstated, and Massie's "Practice," and Syme's "Surgery" (edited by Newton), had been added to the list of Eclectic books. During this year, Professor

Scudder brought out the first of his long list of books, "Diseases of Women," which was at once adopted as a text-book. Public lectures on Dynamic Physiology, by Professor Bickley, attracted many of the laity to the halls of the Institute, and his lectures on Jurisprudence before the class, and before the Cincinnati Law School, gave the Institute a high standing in the estimation of the general public. To the Faculty of 1858 were added the names of Herod D. Garrison, M.D., a thorough and practical chemist, and subsequently one of the founders of Bennett Medical College of Chicago, and J. Cam Massie, M.D., a Southern practitioner of eminence, and author of Massie's "Southern Practice." A sudden attack of pulmonary hemorrhage incapacitated the latter from serving on the Faculty, although his name appears in the list of teachers. Dr. Sanders had resigned, and Dr. Baldrige was now made Emeritus Professor of Obstetrics, and Diseases of Women and Children. The school was now free from internal dissensions, and enjoyed the confidence of the profession and the public. Harmony prevailed, and the classes were large. All fanciful speculations and vagaries, such as were formerly taught (anthropology, and cerebral physiology), were no longer lectured upon, and students were no longer taxed for outside or private pay lectures, nor were women admitted to attend the lectures. The long-looked-for work on "Therapeutics," the first part of the "American Eclectic Materia Medica and Therapeutics," by L. E. Jones and J. M. Scudder, now appeared, and added much to the resources of the school. A large and valuable pathological museum was purchased from the defunct American Medical College, and placed in the lecture hall, "the walls of which were now completely covered with paintings and specimens in Anatomy, Materia Medica, and Obstetrics." Valuable additions were made to the chemical apparatus and library. In the thirteen years from its foundation, the Eclectic Medical Institute had enrolled a greater number of matriculants than any other medical school west of the Alleghanies, during a similar period, from its first establishment.

The year 1859 witnessed a new and dismal era for the Eclectic Medical Institute. The Civil War was approaching, and this necessarily cut off the supply of students, many of whom were from the Southern States. It soon became evident that it was not wise to attempt to carry on two Eclectic colleges, for one or the other must surely go to the wall. Overtures were made looking toward a consolidation of the two schools. Success attended these negotiations, and in December, 1859, the *Journal* joyfully announced "The Union of the Eclectic Schools," and the consolidation of the two college or-

gans under the title of the "*Eclectic Medical and College Journal*" (1860). Professors John French Judge, M.D., John King, M.D., and Andrew Jackson Howe, M.D., were added to the active Faculty — Professors Judge and Howe for the first time — while Dr. Sherwood was given an emeritus position. Professor Scudder now assumed the chair of Practice. The new Faculty then stood: H. D. Garrison, M.D., Chemistry, Pharmacy, and Toxicology; J. F. Judge, M.D., Chemistry, Pharmacy, and Toxicology; L. E. Jones, M.D., Materia Medica, Therapeutics and Medical Botany; Charles T. Hart, M.D., Physiology and Medical Jurisprudence; Zoheth Freeman, M.D., Surgery and Surgical Practice; J. M. Scudder, M.D., Theory and Practice of Medicine, and Pathology; R. S. Newton, M.D., Clinic Medicine and Surgery; Edwin Freeman, M.D., General, Special, and Pathological Anatomy; John King, M.D., Obstetrics, and Diseases of Women and Children; A. J. Howe, M.D., Demonstrative Anatomy and Surgery; W. Sherwood, M.D., Emeritus Professor of Practice and Pathology. As both Drs. Garrison and Judge held the same chair (Chemistry) in the union of the schools, they taught in alternation, Professor Judge taking the spring session. Thus terminated the existence of the College rivalry, and the Institute to this day stands godmother to the graduates of the Eclectic College of Medicine, and renews their diplomas when destroyed.

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### RADEMACHER'S ORGAN REMEDIES.

By A. A. Ramseyer, M. D., Salt Lake City, Utah.

[Continued from page 300.]

In regard to the healing of those enlargements of the liver or spleen which can be cured by the use of ether and oil of turpentine, what I said of the dissolution of the gallstones holds good here. By acting with due caution, many a case can be cured that otherwise would remain incurable.

Although it is sometimes difficult, or even impossible, to differentiate between gallstones and obstruction of the liver, the practitioner may take comfort in the thought that one and the same remedy suits both complaints, and that, although a sure diagnosis may not be possible, yet he can free the patient of his disease.

Once I discovered in a very strange manner the presence of gallstones. An old man, who in the past complained of heartburn, sensation of fullness and eructations after eating, was attacked of a violent colic, in which all the intestinal remedies which generally proved successful in such cases failed to bring relief, upon which I concluded that

the intestinal affection must be sympathetic, depending upon another primarily-affected organ. At an unusual time his wife sent for me, and told me the following: The patient, in his pains, asks her to tie a towel tight around his belly. At the very moment that the knot was tied the pain disappeared as if by magic. I easily understood that this colic, which was thus mechanically relieved, could be nothing but a gallstone colic. By tying the towel in a knot, the sharp edge of a gallstone which was pressing against the wall of the gall-bladder was turned inside and thus rendered harmless. A peculiar slight twinge which still remained in the neighborhood of the gall-bladder after the colic had disappeared, made this supposition almost a certainty. By using Durand's remedy for six months, the patient was relieved of his colic and of all his supposed stomach troubles, so that he had no need of any remedy for twelve years. Then the gallstones caused some trouble, which, however, appeared under another form. This time I did not get fooled; I repeated Durand's remedy, the trouble soon disappeared, never to come again, and this man died of marasmus at a very old age.

#### SPECIAL REMEDIES FOR THE LIVER.

##### *Quassia and Quassia Water.*

In the year 1825 the necessity drove me to learn the wonderful efficacy of quassia in liver diseases, for in the spring of that year some singular fevers appeared, with this characteristic that they had a daily remission which bordered closely to intermission. With a few patients the attack began with a slight chill, which soon passed away. Most patients complained of moderate pain in the liver, but others had none. Most of them had the diarrhea, which did not ameliorate the condition, but rather aggravated it. The headache was moderate, the thirst variable, and the pulse differed from one patient to another in such a manner as I had never observed in prevalent fevers. In some who were very sick it was almost normal; in others who were not so sick it was greatly accelerated. In this fever the paroxysm and the remission could not be judged from the pulse, but rather from the general state of the patient. The urine, too, differed greatly according to the patients; in some it was turbid, in others it was yellow. Very few complained of bad taste in the mouth, of eructations, etc., and in these few cases this condition could soon be relieved without ameliorating the disease in the least. The tongue was not coated, but had only a light tinge of white in the middle, as in slight fevers.

I considered this disease as a primary liver affection, and soon found out that the fever was purely symptomatic. But of what use

was this knowledge? Of none whatever, for I knew no remedy for this liver affection. All my experience in diseases of the liver was useless; in this disease I knew as much as a young child. The worst was, that when its progress could not be stopped, delirium, sopor, violent bellyache, subsultus tendinum, a dry tongue, and other suspicious symptoms followed. Quinine in two-grains dose every two hours was the only drug that could impede, not cure, this disease so that it did not get worse. By treating this disease as a malignant intermittent fever in disguise, I had at least the satisfaction of seeing the remission run into intermission, and the paroxysms finally cease. I say *finally*, for they not seldom did not leave until the end of the third week; and then the patient was weak, and it took him a pretty long time to regain his strength.

At that time I was called to see a young lady who was suffering of a moderate attack of this fever; namely, the paroxysms, which came without chill and left without sweat, occurred pretty regularly, and the remissions were evident and pretty long; there was no diarrhea. But in two weeks I could make no headway with the quinine, although I doubled the dose. I could only force the fever to a larger remission, closely bordering to intermission. That was indeed little for so much trouble and money. It now occurred to me to do with this fever what I had done several times with intermittent fevers. When I had had patients suffering of intermittent fever who had taken quinine, not before the paroxysm, but during the whole intermission, and had had quinine and quinine again without any results, I ordered such patients to quit taking drugs altogether. Not a few times, although not always, the fever disappeared simply by withholding the stimulation of the quinine, to which the body had become accustomed.

I could not very well leave the sick girl entirely without medicine, therefore I gave her half a drachm of quassia extract in eight ounces of water, and ordered her to take a spoonful every hour. I did not expect anything extraordinary of the quassia (for I had tried it nine years before in affections of the biliary ducts, and found it of little use), but I merely gave it to keep up appearances and to elicit any virtues it might have on the internal liver organ.

Now, what did the quassia effect? After using the half drachm of extract the fever disappeared. The weakness of body, and the vascular irritation vanished under the continued administration of the same remedy. Although this case was not perfectly conclusive, it nevertheless gave me great hope to have found in the quassia a remedy for these fevers. I now gave it to other patients in their different

stages of the disease, and behold! I was soon satisfied that I had found the true remedy.

But as most patients were suffering of diarrhea, which rather aggravated the primary affection, and noticing that the quassia caused diarrhea when there was none, and aggravated it when it was already present, I came upon the idea of having a spirituous water prepared of quassia wood. This water was now the talisman with which I could break up our desperate fevers, and as they prevailed here and in the surrounding country for a whole year, I got opportunities enough to satisfy myself of the great efficacy of this simple remedy. The dose was an ounce given in small quantities during the day; little by little the paroxysms diminished in intensity and duration, and a cure was effected in from eight to ten days.

This chronic liver affection is apt to cause dropsy—not a dropsy of the whole system, but a sympathetic dropsy of the kidneys—against which diuretics can do but little good.

[ To be Continued ]

### GONORRHEA — ETIOLOGY AND PATHOLOGY.\*

By A. F. Green, M. D., Cleveland, O.

Briefly speaking, the *etiology* of gonorrhoea may be said to consist in the deposit of the microbe usually found within pus cells, called the gonococcus of Neisser, on the urethral or vaginal mucous membrane, under such conditions as favor the growth and multiplication of this special germ.

The *pathology* of this disease, in brief, may be said to be the migration of the gonococci from their original seat of infection to other parts of the body with the attendant results.

But to speak more freely, I would say that gonorrhoea is a specific catarrhal inflammation of certain mucous membranes, known under three forms—acute, subacute and chronic. In the male the initial lesion is in the urethral membrane; and in the female, the vaginal, urethral and cervix uteri membranes. The disease may spread to the uterus, Fallopian tubes, and ovaries in the female, and to the vesicular seminales, testicles, prostate gland, and bladder in the male. The disease is at first a local one, but it may become general by dissemination of the gonococci or their toxins in the system.

This disease dates its origin back to a period before the written history of man. Four thousand six hundred years ago the Chinese

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\* Read before the North-Eastern Ohio Eclectic Medical Association.



describe a disease answering well to gonorrhoea. Three thousand four hundred years ago Moses wrote: "Whosoever hath an issue from his flesh is unclean because of his issue," and "Every bed whereon he lieth that hath the issue shall be unclean, and everything whereon he sitteth shall be unclean," and "Also he that toucheth the flesh of him that hath the issue shall wash his clothes, and wash himself in water," etc., all of which point to the disease under our present consideration.

Gonorrhoea in the male often becomes troublesome by reason of a variety of complications that may arise. Among these is *peri-urethral infiltration* and *abscess*. When this occurs the discharge ceases, and there is great pain in the glans penis. A painful swelling the size of a pea, develops on one or both sides of the frenum. An abscess sometimes forms round the bulb, causing constant throbbing pain, and the stream of urine is often diminished from the projection of swelling into the urethra. Also a tender swelling can be detected in the perineum. Usually the abscess opens externally, but sometimes into the urethra, and sometimes it burrows widely under the skin in several directions before reaching the surface. The most dangerous abscesses are those in the perineum, owing to the danger of extravasation of urine.

*Acute prostatitis* is a rare complication.

*Chronic prostatitis* may follow the acute form.

*Inflammation of the neck of the bladder* sometimes happens.

*Pyelitis* and *nephritis* occasionally occur by extension from gonorrhoeal urethritis.

*Epididymitis* and *orchitis* occur by extension of inflammation along the ejaculatory duct, and vas deferens. The usual time of this occurrence is the third or fourth week.

*Vesiculitis* or *spermato-cystitis*—inflammation of the seminal vesicles—is not uncommon. It is in many ways analogous to salpingitis in women. Diagnosis can usually be made by careful digital examination per rectum. Gleet is a common result of spermato-cystitis. Spermato-cystitis usually occurs during the second or third week of gonorrhoea. The most important sign is the swelling felt per rectum which occupies the base of the bladder and extends beyond the reach of the finger. The swelling is due to inflammatory infiltration of the connective tissues between the tubules of the vesiculæ.

In women it is thought that gonorrhoea is one of the most destructive diseases upon the health and procreative function. The disease leads to sterility in both man and woman. It often leads to

complications frequently resulting in life-long invalidism, and in a large percentage to the woeful affliction of blindness.

*Gonorrhoea Insonitum*, or gonorrhoea of the innocent, may be contracted by means of contaminated towels or water-closets. Instances of epidemics of vulvitis in schools for girls have been known, which probably originated in the promiscuous use of towels which were in the first instance contaminated with gonorrhoeal pus. Gonorrhoeal ophthalmia is also very frequently contracted this way.

*Urethritis* is quite uncommon in women.

*Abscess of Bartholin's Glands* is a fairly common complication. (To freshen our anatomy on these glands I will quote Gray: "On each side of the commencement of the vagina is a round or oblong body, of a reddish-yellow color, and of the size of a horse-bean, analogous to Cowper's gland in the male. It is called the gland of Bartholin. Each gland opens by a long single duct, upon the inner side of the nympe, external to the hymen.")

*Endocervicitis* and *Endometritis* are the commonest results of gonorrhoea in women. Endometritis of gonorrhoeal origin is very difficult to cure.

*Gonorrhoeal warts or papillomata* appear to be caused by the irritation of chronic discharge from the vagina and cervix.

Gonorrhoea in women is the most common cause of *salpingitis* by extension of the inflammation to the Fallopian tubes.

*Latent Gonorrhoea*.—Gonorrhoea may remain latent for considerable periods, especially in women. The extent of this latency can never be satisfactorily settled, as there is the possibility of a second infection. According to some authorities, there are in women cases of incurable gonorrhoea, which, while remaining latent during the inter-menstrual periods, become active during the time of menstruation, when the tissues are warmed and the secretory apparatus is stimulated. During coitus gonococci are expressed from the follicles and glandular cavities of the vagina, and a fresh attack is thus lighted up. It is thought that latent gonorrhoea may also be excited by pregnancy, and by the use of the sewing-machine and bicycle.

Gonorrhoea may also be latent in the male, especially where the gonococci find a safe and congenial harbor behind some urethral stricture; but when these gonococci are transplanted to a virgin vaginal mucous membrane, they again take on the fighting state, and if transplanted back to the original field from which they were taken, they may produce a fresh attack of urethritis. In this way a husband may blame his wife for being the cause of his trouble, whereas he has probably infected her and thereby reinfected himself.

Gonorrhoea, at first a local disease, may become general by dissemination of the gonococci or their toxins throughout the system. This may lead to endocarditis, peritonitis, gonorrhoeal arthritis, or general septicaemia

*Endocarditis* due to gonorrhoea may result in chronic valvular disease or ulcerative endocarditis. Gonorrhoeal endocarditis is a rare affection.

*Peritonitis* due to gonorrhoeal origin has often been reported.

*Gonorrhoeal ophthalmia* occasionally occurs; also *gonorrhoeal iritis*.

*Gonorrhoeal arthritis*, or *gonorrhoeal rheumatism*, as it is sometimes called, appears in four varieties, viz.: Hydrops, sero-fibrinous, empyema and phlegmonous. The first form is the mildest, and the last the worst.

The joint affections sometimes begin as flying pains, affecting several joints, one of which then becomes more acutely affected. In the latter stages of gonorrhoea, or gleet, several joints are usually affected with different varieties of inflammation. Examination of reported cases shows that the lower extremity is affected about twice as often as the upper. The knee and ankle are most often affected; the hip, shoulder, hand and wrist, temporo-maxillary and sternoclavicular joints less frequently. A peculiar and common symptom is pain in the heel, and plantar fascia, where the internal plantar nerve pierces the fascia.

Recent investigations tend to show that gonorrhoeal arthritis is more frequent in children than is generally supposed.

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## ELLINGWOOD'S TREATMENT OF DISEASE.

By W. L. Leister, M. D., Oakland City, Ind.

The work appears in two volumes, of more than 500 and 600 pages respectively. Ellingwood has in this latest book rendered the profession invaluable service in adding to our advanced knowledge of how best to treat the various diseases incident to the country.

Professor Ellingwood is especially fitted and well equipped to write a work of high merit upon the treatment of disease. Having for many years been pursuing his favorite occupation of finding out the therapeutic range, as well as any especial adaptability of agents reputed to be remedial, particularly of vegetable origin, either native or exotic. The aggregation of such knowledge obtained appeared in his work on *Materia Medica and Therapeutics*—a volume which was presented the profession some eight or nine years ago. The writer of

this review makes frequent reference to that work, and, like the re-reading of the Scriptures, he is always rewarded by the discovery of some truth previously overlooked. It was upon knowledge gained and well proven and presented in that former work that admitted of comparative ease on the part of the author to write so meritorious a work as TREATMENT OF DISEASE.

No time or space is wasted in theorizing upon the probable cause of disease. The history of, morbid anatomy of, and much other matter indulged by other authors, especially authors of text-books, is wisely avoided by our author. It was not the design to give such study, but the rather that every page present some proven fact of how to remove disease and to state succinctly what agents, which, if brought to bear, will produce such desired end.

Space sufficient hardly can be admitted in ordinary review to point out any special chapters and subjects, but if such might be indulged, the writer would not fail to reproduce the author's treatment of typhoid fever. A few excerpts must suffice. "It may be well to preface the suggestions to be here made with a caution concerning a fallacy which the profession has been in the habit of adopting in the past. A most notable error is the inauguration of the treatment of typhoid with the administration of an active physic, and the continuation of laxative agents during the course of the treatment. I am confident that the profession at large makes no greater mistake than this." "In an observation of nearly thirty years I am convinced that large doses of calomel invariably prolong the fever, and that this foreign substance in any dose may be readily substituted by a rational organic remedy." "I am confident that belladonna is a remedy of rare value in certain cases during the first two weeks of typhoid fever." "The coal-tar derivatives have no place in the treatment of this disease." "Much is said concerning the desirable influence of digitalis in typhoid fever. When this agent is studied in comparison with cactus grandiflorus, and the latter remedy is understood in all its bearings, it will be found that cactus is superior to the better-known drug. Cactus increases the musculo-motor energy of the heart, increasing its action, and seems to supply nutrition to the central nervous system." "Hemorrhage is almost an unknown complication with those who have used echinacea in typhoid." [The reviewer has not met a fatal issue in typhoid in his own practice the last fifteen years; neither has he been confronted with a hemorrhage.] "Diarrhea will not prove a serious complication if no active physics have been used and if the bowels be freely flushed after each large movement, a few times, with an anti-

septic flush." "Quinine has no place in typhoid as a specific antipyretic; but in those cases where malarial manifestations are present as a complication, it may be given in the early stage of convalescence only at that period of each twenty-four hours when the temperature drops below 101° F."

Antiseptics mentioned, and their proper use and place pointed out, are: Sulpho-carbolate zinc, baptisia, peroxide hydrogen, sulphurous acid, spts. turpentine. (This last—one or two drachms in hot water and given by high enema to remove flatus and relieve tympanitic condition.)

Professor Ellingwood is one of our foremost Eclectic champions of the study of the therapeutic value of American medicines in their adaptability to the assuaging of morbid conditions. These volumes are replete with the author's best thought upon the treatment of every phase of every disease. We predict a very large sale of this work. Liberal and progressive physicians of whatever training will want it.

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### TREATMENT FOR CROUP.

By **ELL G. JONES, M. D., New Brunswick, N. J.**

There is one remedy that is well known to Eclectic physicians, the "acetic syr. sanguinaria." It has been used by them for the past one hundred years as a cure for croup, more especially *membranous* croup. I have used the above remedy many times in my life, and *always* with good success. It is a remedy that can be *depended* upon in the above form of croup. An impromptu preparation may be made up as follows: Take one grain of blood root; add it to two ounces of vinegar and a tablespoonful of sugar; steep a few moments, then give one teaspoonful as often as indicated.

There are some delicate children who can not bear very strong medicine, and we must be able to adapt our remedies to their constitutions. In these days of pleasant medication we can give them a remedy that will taste nice and will cure them:

℞ Ferri phos., 3d decimal, grs. xv; kali mur., 3d decimal, grs. xv; aqua, ʒ vi. Mix. Sig.: Teaspoonful every ten minutes until relieved. An external remedy used by the Eclectics for many years is the "Comp. Stillingia Liniment." Rub two or three drops of this over the child's throat, and the same quantity on the upper lip; for a child two years old give one drop on a lump of sugar once in two hours.

**PROCEEDINGS OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION.****W. N. MUNDY, M. D., EDITOR.**

CLEVELAND, O., May 7, 1907.

The Ohio State Eclectic Medical Association convened pursuant to adjournment, in its forty-third annual session, at Cleveland, O., May 7, 1907, at 10 A. M., in the Assembly Room of the Hollenden Hotel, and was called to order by the President, W. K. Mock, M.D.

The roll call of the officers resulted as follows:

President W. K. Mock, M.D. Present.

First Vice President C. W. Beaman, M.D. Absent.

Second Vice President J. P. Harbert, M.D. Present.

Recording Secretary W. N. Mundy, M.D. Present.

Corresponding Secretary J. J. Sutter, M.D. Present.

Treasurer R. B. Taylor, M.D. Present.

R. B. Taylor, M.D., moved that the reading of the minutes of the forty-second annual meeting be dispensed with, and that the same be approved as printed in the Transactions. The motion was seconded by J. P. Harbert, M.D., and declared carried.

The Secretary was instructed by the President to read Sec. 3 of Art. II of the By-Laws.

The following committees were appointed by the President:

Registration—J. J. Sutter, M.D., and J. Stewart Hagan, M.D.

Press—W. N. Mundy, M.D.

Credentials—J. K. Scudder, M.D., J. P. Harbert, M.D., and A. S. McKittrick, M.D.

Clinical Symposium—Lyman Watkins M.D., S. M. Sherman, M.D., and J. D. Dodge, M.D.

The Publishing Committee read their report, as follows:

**PUBLISHING COMMITTEE'S REPORT.**

*To the Ohio State Eclectic Medical Association:*

The Publishing Committee begs leave to submit the following report:

Early in July, 1906, bids were received for printing the Transactions, on a basis of 250 copies of 200 pages. The following is the result:

The Ohio Bank Note Company, 212 pages, \$215; 85 cents deducted or added per page.

Mohr & Carter, 200 pages, \$212; 85 cents deducted or added per page.

Sullivan Printing Company, \$238; \$1.10 deducted or added per page.

Methodist Book Concern, \$225.25.

Ohio Valley Company, \$241.67; \$1.33 1-3 deducted or added per page.

After due deliberation the contract was awarded to the first-named concern. The proof was handed to the printer in August, and the bound volume received Saturday, November 10, and forwarded to the members the following week.

We are sorry to report that a grievous error in the binder is to be found from pages 218 to 223, the result being the mixing of two papers as well as two sections. This was undoubtedly the fault of the binder. There are possibly other things to condemn, some of which we endeavored unsuccessfully to prevent.

248 copies were printed (two being spoiled by the binder) of 287 pages each, at a cost of .....	\$267 35
Postage and expressage on the same.....	31 88
Total.....	\$299 03
We distributed to active members.....	213 copies
To honorary members.....	1 "
To medical journals.....	14 "
Congressional library and Surgeon General's office..	2 "
Lloyd library (property of the Association) .....	6 "
Total.....	236 "
On hand.....	12 "

Respectfully submitted, W. N. MUNDY, M. D.

A. S. MCKITRICK, M. D.

C. G. SMITH, M. D.

Committee.

A motion was made by Dr. Hollingsworth, and seconded by Dr. Postle, that the report be accepted as read. The motion was carried.

A proposition was made that the Transactions be hereafter printed in some medical journal. The President referred the matter to the Advisory Committee, who were to consider it in conjunction with the Publishing Committee, and with Dr. J. K. Scudder, Editor of *The Eclectic Medical Journal*, with instructions to report at this meeting. On request, the Corresponding Secretary explained that the cause of delay in sending out the programs, to be due to the rejection of the first printed, they being unfit to be used, hence necessitating the reprinting of them. The report was eminently satisfactory to the Society.

A letter was read by the Secretary from Dr. Chas. Beaman, First Vice President, excusing his absence and expressing regret at his inability to be present at the meeting, and evincing a strong spirit in the hope of the success of the Association, expressing a willingness to assist in its work.

A communication from the Cleveland School of Pharmacy, containing an invitation to attend its Commencement exercises, May 9, was read.

A motion was made by Dr. Gemmill, and seconded by Dr. Smith, that both letters be placed on file, and that the School of Pharmacy be informed that the Society accepted their kind invitation to be present at their exercises on the date mentioned.

The Treasurer read a letter from Dr. Kannell, stating that by reason of ill-health he had been compelled to remove from the State, and asking that his name be stricken from the list of membership. On motion of Dr. Gemmill, seconded by Dr. Postle, he was continued as an honorary member.

Dr. Scudder moved that Dr. Mulholland be also placed on the honorary list, by reason of age and infirmity; the motion was seconded by Dr. Sherman and declared carried.

The Treasurer read some communications from Dr. Pratt, of Marengo, which, by motion of Dr. Harbert, seconded by Dr. Gemmill, was referred to the Advisory Committee.

Dr. Scudder proposed that the Committee on Legislation and that of State and National Organizations be discontinued or consolidated, and their work be performed by the permanent committee of ten appointed by the President during the year, known as the "Committee of Organization." The entire matter was referred to the Advisory Committee.

The Treasurer read his annual report, as follows:

#### TREASURER'S REPORT.

##### Ohio State Eclectic Medical Association

In account with Dr. R. B. Taylor, Treasurer.

##### RECEIPTS.

1906—April 30, Balance on hand.....	\$ 24 76
Initiation fees 1906 meeting.....	39 00
Exhibit space sold, 1906.....	170 00
Received dues during year to date.....	356 00
	<u>\$589 76</u>

##### EXPENDITURES.

1906—May 2, To note at bank.....	\$125 00
J. J. Sutter's account.....	17 80
J. P. Harbert's account.....	14 40
J. J. Sutter, Secretary's allowance.....	10 00
J. P. Harbert, Secretary's allowance.....	10 00
Banquet Committee's expenses.....	26 50
R. B. Taylor, Treasurer's allowance.....	10 00
B. F. Biery, stationery, cards.....	35 90
J. J. Sutter, stationery.....	14 25
Oct. 10, Forest Review.....	6 25
Nov. 30, Ohio Bank Note Co., Kenton (Transactions)...	267 35
1907—Jan. 22, W. N. Mundy, expense account.....	39 04
May 4, Balance on hand.....	14 17
	<u>\$589 76</u>



The report was, on motion of Dr. Harbert, seconded by Dr. Sherman, referred to the Auditing Committee, and the Treasurer complimented on his efficient work of the past year.

The Treasurer then read the report of the Committee on the Entertainment of the National Association in June, 1906.

#### REPORT OF ENTERTAINMENT COMMITTEE.

##### RECEIPTS.

Received from members.....	\$409 00
Received from exhibits.....	260 00

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\$669 00

##### DISBURSEMENTS.

Paid for floor space.....	\$150 00
“ Street railroad tickets .....	30 00
“ R. B. Taylor's expenses.....	4 10
“ Boat hire, .....	75 00
“ Entertainment .....	150 00
“ W. K. Mock's expenses.....	8 50
“ Programs.....	5 00
“ Marker.....	75
“ Printing blanks.....	6 50
“ Blue prints.....	3 50
“ Stamps.....	3 78
“ Letters .....	3 94
“ Blocks.....	5 00

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On hand.....\$222 93

The report, on motion of Dr. Harbert, and seconded by Dr. Sherman, was referred to the Advisory Committee.

#### SECTION I.—SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION.

T. D. Hollingsworth, M.D., Chairman, presiding.

Dr. Lyman Watkins read a paper entitled “Certainties in Medicine.” Discussed by Drs. L. E. Russell, J. U. Lloyd, W. T. Gemmill, S. M. Sherman, W. E. Postle, B. K. Jones, H. D. Todd.

J. D. Dodge, M.D., read a paper on “Specific Medication.” No discussion.

T. D. Hollingsworth, M.D., read a paper on “Specific Diagnosis.” No discussion.

No further papers being presented in this section, Dr. Lyman Watkins moved that the section rise, which motion was seconded by Dr. C. W. Russell and carried.

Being now in Committee of the Whole, the report of the Committee on Credentials was presented as follows:

*To the Members of the Ohio State Eclectic Medical Association:*

Gentlemen—Your undersigned Committee on Credentials beg leave to recommend for membership the following applications:

G. T. Wasson, M.D., Orwell; Harry D. Todd, Akron; J. C. Dickinson, M.D., Bellefontaine; John W. Barry, Jr., Springfield; John V. Mott, M.D., New Richmond; Stephen Cloyd, M.D., West Alexandria; Eben Behymer, M.D., Mount Washington; W. B. Church, M.D., 628 Elm Street, Cincinnati; J. H. Duncan, M.D., Harrison; W. W. Shriner, M.D., North Side, Cincinnati; Garry Leighner, M.D., Madisonville; Walter Underwood, M.D., Springfield; Emma Underwood, M.D., Springfield; V. L. Bell, M.D., Oakley, Hamilton County; D. E. Rausch, M.D., Cincinnati; Colon Beck, M.D., Clyde; J. B. K. Evans, M.D., McGuffey; E. E. Zolman, M.D., Ohio City; W. E. McCray, M.D., R. F. D. Ravenna; W. J. Weiser, M.D., Adelaide; J. V. Winans, M.D., Madison; J. L. Hurst, M.D., Dorset; F. M. Baldwin, M.D., Blanchester; E. Brinkerhoff, M.D., Bristolville; F. P. Klahr, M.D., Bloomville; E. M. Ilgenfritz, M. D., Youngstown.

J. K. SCUDDER, M.D.,

A. S. MCKITRICK, M.D.,

J. P. HARBERT, M.D.,

Committee.

On motion the report of the committee was accepted, and the persons named elected to membership

Dr. Lyman Watkins moved that the Society adjourn until 2 o'clock P. M. Dr. Gemmill seconded the motion, which was declared carried, and the President declared the Society adjourned until the hour named in the motion.

TUESDAY, MAY 7, 2 P. M.

The Association was called to order by the President, Dr. Mock. He at once appointed the Advisory Committee, as follows:

W. N. Mundy, Chairman.

B. W. Mercer, representing the Northwestern Society.

J. D. Dodge, representing the Northeastern Society.

J. P. Harbert, representing the Central Society.

R. B. Taylor, representing the Ohio Central Society.

J. L. Payne, representing the Cincinnati Society.

No one present to represent the Dayton Society.

The report of the Committee on Roll of Honor was read and referred to the Advisory Committee. The report is as follows:

The Committee on Roll of Honor have made the follownig selection of names from deceased Eclectic physicians who have honored

our cause, many of them having been members of the Ohio State Eclectic Medical Association:

- 1865, May 31 and June 1—Thomas Vaughn Morrow, M.D., Cincinnati, O.
- 1866, May 30 and 31—James Kilbourne, Jr., M.D., Cincinnati, O.
- 1867, May 29 and 30—William Byrd Powell, M.D., Cincinnati, O.
- 1868, May 27 and 28—Ichabod Gibson Jones, M.D., Columbus, O.
- 1869, May 26 and 27—Benjamin F. Johnson, M.D., Worthington, O.
- 1870, May 25—Hiram Cox, M.D., Cincinnati, O.
- 1871, May 31—Benjamin Lord Hill, M.D., Cleveland, O.
- 1872, June 1 and 2—Charles Thomas Hart, M.D., Cincinnati, O.
- 1873, June 24—Jonathan R. Paddock, M.D., Worthington, O.
- 1874, May 13—John Milton Sanders, M.D., Cincinnati, O.
- 1875, May 19 and 20—Alexander H. Baldrige, M.D., Urbana, O.
- 1876—May 16 and 17—Robert S. Newton, M.D., Cincinnati, O.
- 1877, May 22 and 23—Joseph Rodes Buchanan, M.D., Cincinnati, O.
- 1878, Sept. 10 and 11—William S. Merrill, M.D., Cincinnati, O.
- 1879, June 17—Lorenzo E. Jones, M.D., Urbana, O.
- 1880, May 14—Daniel Vaughn, M.D., Cincinnati, O.
- 1881, June 8 and 9—Tabor C. Thorp, M.D., Cincinnati, O.
- 1882, June 6 and 7—John French Judge, M.D., Cincinnati, O.
- 1883, June 5 and 6—Evan Williams, M.D., Alexandria, O.
- 1884, June 17 and 18—Albert G. Springsteen, M.D., Cleveland, O.
- 1885, June 9 and 10—Milton Jamison, M.D., Alexandria, O.
- 1886, June 5 and 6—Wm. H. Wagstaff, M.D., North Lewisburg, O.
- 1887, June 19 and 20—Isaiah Brothers, M.D., Youngstown, O.
- 1888, June 16 and 17—Thomas C. Hannah, M.D., Cincinnati, O.
- 1889, June 16 and 17—J. M. Butcher, M.D., Urbana, O.
- 1890, June 14 and 15—Stephan D. Mirandi, M.D., Springfield, O.
- 1891, June 8-10—W. S. Cox, M.D., St. Paris, O.
- 1892, June 9-10—Andrew Jackson Howe, M.D., Cincinnati, O.
- 1893, June 7-9—John Milton Scudder, M.D., Cincinnati, O.
- 1894, July 10-12—Zoeth Freeman, M.D., Cincinnati, O.
- 1895, July 9-11—Fred J. Locke, M.D., Newport, Ky.
- 1896, Aug. 4-6—James Anton, M.D., Lebanon, O.
- 1897, July 6 and 7—J. A. Jeancon, M.D., Newport, Ky.
- 1898, May 17-19—Edwin Freeman, M.D., Cincinnati, O.
- 1899, May 10-12—Theodore Brockway, M.D., Youngstown, O.
- 1900, May 15-17—A. J. Keppler, M.D., London, O.
- 1901, July 16-18—James Cooper M.D., Bellefontaine, O.

1902 July 15-17—Charles Wesley Morrow, M.D., Mt. Victory, O.

1903, July 14-16—George O. Dickey, M.D., Campbellstown, O.

1904, July 13-15—Louisa M. L. Emery, M.D., Leipsic, O.

1905, May 2-4—William Byrd Scudder, M.D., Cincinnati, O.

1906, May 1-3—William K. Foltz, M.D., Akron, O.

BISHOP McMILLEN, M. D.,

WM. SHEPARD, M.D.,

R. B. TAYLOR, M.D.,

Committee.

The Secretary read his report, which was, on motion of Dr. Dodge, referred to the Advisory Committee. His report is as follows:

#### SECRETARY'S REPORT.

##### *To the Ohio State Eclectic Medical Association:*

We have passed another milestone in our life's history, and we are now meeting in our forty-third annual session. This is the second time we have met in Cleveland, and the third time in the north-western part of the State. We trust we may have a prosperous reunion. Since we last met not a single death has occurred in our ranks.

During the meeting of the National body, in June, the Executive Committee convened, and as far as possible made the preliminary arrangements for this meeting. In accordance with the resolution offered at that meeting, a bulletin was issued early in the year by myself. Postals and other circulars have since been issued by the Corresponding Secretary, in accordance with the same resolution.

We have issued five orders upon the Treasurer for printing, postage, etc., the exact data of which will be later exhibited by the Finance Committee.

The work of the Publishing Committee will be shown in the report of that committee.

During the year we received from Dr. J. K. Scudder the following: 27 volumes of the Transactions of 1895, 14 of 1902, and 40 of 1903. From Dr. J. P. Harbert: 13 volumes of Transactions of 1904, and 5 of 1905. Of these we have disposed of 1 volume of Transactions of 1895, 1 of 1902, 1 of 1903, 2 of 1904, and 2 of 1905.

We would be glad to furnish to those whose sets are incomplete any missing volumes we can, for the postage.

Physicians are neglectful in reporting to the Secretary changes in address, hence mail goes astray. Please attend to this and save time, worry and expense.

We believe that a standing resolution carries with it the force of a by-law. We have often thought that a codifying committee ought to be appointed to gather these resolutions together, that have been passed from time to time, and that they be added to our printed by-laws, so that we might become familiar with them and their import.

W. N. MUNDY, Secretary.

The President's address was listened to with marked attention, after which section work was resumed.

#### SECTION II.—MATERIA MEDICA AND THERAPEUTICS.

This section was presided over by Dr. D. C. Ayres, chairman, of Toledo.

H. W. Powers, M.D., read a paper on "Therapeutic Certainities." Discussed by Drs. Palmer, Sutter, Smith and Foltz.

"Apocynum Cannabium," by Dr. W. F. Lehr, was the next paper. This was discussed by Drs. Schiller, Dodge, Feaster, Watkins, C. W. Russell and Taylor.

Dr. D. C. Ayres read a paper on "The Therapeutic Value of Milk," which was discussed by Dr. Green.

Section closed.

#### SECTION III.—MENTAL AND NERVOUS DISEASES.

In the absence of the chairman, Dr. H. B. Kirkland, the vice chairman presided.

"Opsonic Index," Dr. Lyman Watkins, was the first paper. Discussed by Drs. Palmer, Sherman and L. E. Russell.

Dr. McMillen's paper, "Causes of Insanity," was submitted by title.

Section III closed.

#### SECTION IV.—PEDIATRICS.

A. F. Green, M.D., chairman, presiding.

Papers read were "Infant Hand Feeding," by A. L. Schwartzwelder, M.D. Dr. Feaster, "Diphtheria and Its Treatment," by title. "External and Internal Use of Water in Diseases of Children," A. F. Green, M.D. Discussed by Drs. Palmer and Dodge.

Section closed.

On motion the Association adjourned until 8 P. M.

TUESDAY, MAY 7, 8 P. M.

The Association was called to order by the President, who afterward introduced the mayor of the city, Hon. T. L. Johnson, who, in a short, happy speech welcomed the Society to the city. The response by Prof. L. E. Russell was in as equally a happy vein. Prof. John Uri Lloyd then delivered the address of the evening, "Ephesus." The lecture was illustrated by stereopticon views, many of which were taken by the Professor on the ground.

The topic was historical, dealing with the ancient city from its earliest history to the present, and certainly was intensely interesting to the auditors.

WEDNESDAY, MAY 8, 9 A. M.

The Association was called to order by the President, Dr. W. K. Mock.

Dr. Green reported that a tally-ho party could be taken for a ride at \$1 each, and that twenty could be accommodated in each vehicle. Dr. Scudder moved that it be abandoned as a general project, or that we go as a party. The motion was seconded by Dr. Green and declared carried. After considerable talk Dr. Palmer moved that a committee of three be appointed to engage automobiles to take all the ladies and as many of the gentlemen as desire to go on a ride. The motion carried, and the President appointed Drs. Palmer, Russell and Sutter.

The report of the Advisory Committee was read, and is as follows:

Your Advisory Committee begs leave to report as follows on the matters referred to them:

Item 1—We recommend that Dr. Pratt, of Marengo, be placed on the list of honorary members, if he pays up his dues in full, but that he be not entitled to the Transactions hereafter.

Item 2—We recommend the consolidation of the two standing committees now known as Committee on Legislation and Committee on State and National Associations, to be known hereafter as the Committee on Legislation and Organization, to be a permanent committee of ten members appointed by the President.

Item 3—We recommend that the balance left from the National entertainment fund in June, 1906, be transferred to the treasury of the State Association.

Item 4—We recommend that the Committee on Legislation and Organization be allowed \$25.00 for postage and stationery.

Item 5—We recommend that Dr. Mock be fully reimbursed for any expenses incurred for the evening entertainment.

Item 6—We do not recommend the publication of "The Roll of Honor," as suggested by Dr. McMillen, in the Transactions, but recommend its publication in *The Eclectic Medical Journal*.

Item 7—As there are many standing resolutions on our books, some at variance with each other and with the by-laws, we recommend the appointment of a committee of two to codify the same and report at our next annual meeting.

Item 8—We recommend that the Constitution and By-Laws be omitted from the next volume of the Transactions.

Item 9—There are many arguments both for and against the publication of our proceedings in the present form of bound volume of Transactions. There are also advantages which might be secured in their monthly publication in *The Eclectic Medical Journal*, which would give them wider circulation. We would ask for a general discussion. If a plan is devised, in all probability it would necessitate an increase of dues to \$2.50. We would make no recommendation in the matter.

W. N. MUNDY, Chairman.

B. W. MERCER,

J. D. DODGE,

J. P. HARBERT,

R. B. TAYLOR,

J. L. PAYNE,

Committee.

It was moved by Dr. Scudder that we pass upon this report item by item. Dr. McKittrick seconded the motion, which was declared carried.

Item 1 was read by the Secretary, and on motion of Dr. Watkins, seconded by Dr. Postle, carried.

Item 2 was adopted as read on motion of Dr. Gemmill, seconded by Dr. Russell.

Item 3 was adopted as read on motion of Dr. Scudder, seconded by Dr. Palmer.

Items 4, 5, 6, 7 and 8 were all adopted as read.

Item 9 evoked considerable discussion by many members, and resulted in Dr. Scudder making the following proposition:

"I propose to print the Transactions of this Society in *The Eclectic Medical Journal*, 16 pages per month, 194 pages per year, which will be additional to the Journal as at present, under the supervision of your editor, and furnish your Association subscriptions at

\$1.50 a year, on a basis of not less than 200 subscriptions at \$300, payable quarterly. Three hundred reprints could be made, which could later be bound two or three years in a book at a cost of possibly 75 cents each.

JOHN K. SCUDDER."

On motion of Dr. Dodge, seconded by Dr. Arbogast, the plan was adopted unanimously. Dr. Dodge's resolution, as adopted, reads thus: "I move that Dr. Scudder's proposition regarding the publication of the proceedings of the Ohio State Ec. Med. Association in *The Eclectic Medical Journal* be accepted, and that the Publishing Committee be authorized to enter into a contract."

Owing to the adoption of this resolution Dr. Lyman Watkins offered the following: "Be it resolved, that Section 2, Article II, of the Constitution be amended by striking out the word *two* and inserting the words *two dollars and fifty cents*, so that it shall read, 'The annual dues of this Association shall be two dollars and fifty cents a year.'"

Under the rules the amendment was laid over to be acted upon at our next annual meeting.

Dr. Beckwith, of Cleveland, being present, was introduced to the Association and briefly addressed it. He was granted the privileges of the floor.

#### SECTION V.—SURGERY.

Dr. O. A. Palmer, chairman, presiding.

Dr. J. D. Dodge read a paper, "Divulsion vs. Circumcision." Discussed by Drs. Ballmer and Russell.

Dr. L. E. Russell offered his paper by title.

Dr. A. S. McKittrick read his paper on "Inguinal Hernia."

A Stewart Hagan, M.D., on "Surgical Case Reports." Discussed by Drs. McKittrick, C. W. and L. E. Russell.

O. A. Palmer, M.D., "Brain Surgery." Discussed by Drs. Russell, Beckwith, Winans and Martin.

Section closed.

#### SECTION VI.—PATHOLOGY AND PRACTICE.

J. L. Payne, M.D., chairman, presiding.

C. G. Smith's paper, "Hepatic Carcinoma," was presented by title.

J. L. Payne, M.D., "A Case in Practice," was read, and the discussion upon it participated in by Drs. Smith and Taylor.

Dr. Bixel presented his paper by title, after which the section closed, and the Association immediately adjourned until 2 P. M.



WEDNESDAY, MAY 8, 2 P. M.

The Association called to order by the President.

Dr. Sutter called the attention of the Association to the fact that the Illinois Association was in session in Chicago, and moved that a telegram of congratulation be sent them. The motion was carried, and Dr. Sutter was instructed to send the same.

SECTION VII.—OBSTETRICS AND GYNECOLOGY.

Dr. C. G. Smith, chairman, presiding.

Dr. J. L. Payne read a paper entitled "Pathology and Treatment of Abortion." Discussed by Drs. Dodge, Mattox, Green and Todd.

Papers by Drs. Bowles, Hensley and Smith were submitted by title.

Section closed, and the Association adjourned to meet in social session at 8 P. M.

WEDNESDAY, MAY 8, 8 P. M.

The yearly banquet was held in the Assembly Room of the Hollenden Hotel, after which, instead of the usual toasts, a musicale was given, which we are certain was enjoyed by all privileged to hear the same.

THURSDAY, MAY 9, 9 A. M.

The President, Dr. Mock, called the Association to order. The Auditing Committee submitted the following report:

The Auditing Committee begs leave to report that the books of the Treasurer and Secretary, and the report of the Treasurer, herewith attached, have been duly examined and found correct.

E. O. WILLIAMS,

W. E. POSTLE,

E. A. BALLMER,

May 7, 1907.

Committee.

(For report of Treasurer see earlier in minutes.)

The President appointed as Committee on Codification, Drs. Mundy and Scudder. Committee on Nominations, Drs. Ballmer, Hollingsworth and U. O. Jones.

Dr. Harbert moved that the Secretaries and Treasurer be allowed the usual allowance. Dr. Dodge seconded the motion, and the President declared it carried.

## SECTION VIII.—OPHTHALMOLOGY, LARYNGOLOGY AND OTOTOLOGY.

In the absence of both chairman and vice chairman Dr. K. O. Foltz presided.

Dr. J. P. Harbert read a paper on "Albuminuric Retinitis."

Dr. Riggs, "Asthenopia and Astigmatic Absurdities," by title.

Dr. McKittrick, "Common Injuries to the Eye."

U. O. Jones, "Spectacles," by title.

## SECTION IX.—ELECTRO-THERAPEUTICS.

B. W. Mercer, M.D., chairman, presiding.

Dr. J. R. Spencer's paper, "Galvanism," presented by title.

Dr. Mercer read a paper entitled "Vibratory Stimulation." Discussed by Drs. Mundy, Postle and Moore.

## SECTION X.—MISCELLANEOUS.

Dr. W. E. Postle, chairman, presiding.

Dr. Lyman Watkins presented his paper, "An Introduction to the Study of Tuberculosis," by title.

Dr. J. K. Scudder read a paper on "Necessity for Organization." Discussion participated in by Drs. Mercer, Ballmer and Dodge.

S. M. Sherman, "The Medical Law of Ohio," was read.

W. E. Postle, "Mechanical Vibration," by title.

Dr. Baxter, President of the Ohio State Board of Examination and Registration, being present, was introduced and briefly addressed the Society.

The section closed.

Dr. Mock, President, took the chair, and the report of the Nominating Committee was submitted as follows:

President—A. S. McKittrick, W. E. Postle, B. K. Jones.

Vice President—H. D. Todd, W. F. Lehr, S. W. Mattox, A. L. Swartzwelder.

Recording Secretary—W. N. Mundy, J. D. Dodge.

Corresponding Secretary—J. L. Payne, H. E. Dwire.

Treasurer—S. M. Sherman, W. J. Weiser.

E. A. BALLMER,

T. D. HOLLINGSWORTH,

U. O. JONES,

Committee.

Dr. Postle moved, and Dr. Gemmill seconded, that the report be received, and that we proceed to ballot. Motion carried.

For President, Drs. Postle and Jones withdrew, and Dr. Harbert moved that the Secretary cast the entire vote of the Society for Dr. McKittrick for President. The motion was seconded by Dr. Postle, and the Secretary cast 38 votes for Dr. A. S. McKittrick.

The President appointed Drs. Postle and Sutter as tellers, and a ballot resulted in the election of Dr. Harry Todd as First Vice President, and Dr. W. F. Lehr as Second Vice President.

For Recording Secretary, Dr. Dodge withdrew, and on motion the President was instructed to cast the vote of the Association for Dr. Mundy for Secretary. He was declared elected.

A ballot resulted in the election of Dr. J. L. Payne for Corresponding Secretary.

Dr. Sherman was elected Treasurer.

Dr. Postle moved that a vote of thanks be tendered the retiring officers, press, hotel, etc. Carried.

Dr. Dodge moved that a special vote of thanks be tendered Prof. J. U. Lloyd for his kindness in giving the lecture Tuesday night. Carried unanimously.

The following places were put in nomination for the next meeting: Put-in-Bay, Dayton and Columbus. ,

A ballot resulted as follows: Put-in-Bay, 3; Dayton 19; Columbus, 7. Dayton was declared to be the next place of meeting.

The newly-elected officers were then introduced and installed, as follows:

President—A. S. McKittrick, M.D.

First Vice President—H. D. Todd, M.D.

Second Vice President—H. F. Lehr, M.D.

Recording Secretary—W. N. Mundy, M.D.

Corresponding Secretary—J. L. Payne, M.D.

Treasurer—S. M. Sherman, M.D.

On motion the Society adjourned to meet in Dayton, May 5, 6 and 7, 1908.

W. N. MUNDY, Recording Secretary.

## PRESIDENT'S ADDRESS.

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*Ladies and Gentlemen, Members of the Association:*

The forty-third meeting of the Ohio Eclectic Medical Association begins its session under the most encouraging circumstances. After an interval of twenty-eight years the Society again meets in Cleveland, making the second time in the history of the Association. Reference to the meeting place is mentioned with pardonable pride, for we feel we have been doubly honored, first, to serve you as president, and, second, to have you meet in our home city.

The origin and development of the Eclectic School of Medicine is a matter of permanent history, the narration of which would be unnecessary repetition. Suffice it to say, that it has grown to rank in therapeutics second to no other in the world.

The term *Eclectic*, as applied to our school, too frequently misconstrues its identity. Literally it means choosing or selecting, according to judgment, from different systems or sources. This is true to a certain extent, other schools also claiming the same privilege; but the great bulwark of our school, and that which distinguishes it from others, is Specific Medication. Specific medication means "The study by which we determine the direct action of remedies with special reference to their direct relation to pathological conditions: a study which determines a definite condition of disease, and points out the direct remedy for such condition: a study which considers drug action as it relates to disease expression." This is the fundamental principle, purely American, the application of which has caused the school to so successfully flourish for nearly a century, and to-day it stands upon the verge of international recognition.

Other causes of felicitation. Eclecticism has developed a literature monumental to its cause. The works on practice, materia medica, chemistry, surgery and the specialties bespeak for themselves, and are shining lights from our eminent leaders.

Our colleges, of which there are nearly a dozen, scattered throughout the United States, are all in a flourishing condition. In our National Association are represented auxiliary societies from nearly every State in the Union. Science has been enriched by the creation of the Lloyd Library, which is devoted to botany, pharmacy, chemistry

and allied sciences. The herbarium of pressed plants is unsurpassed, and the mycological department contains several thousand specimens. Here can be obtained a description and history of every Eclectic remedy. Achievements could be elaborated upon at length, but sufficient has been mentioned to show that as a school we are to be congratulated.

Occupying the position we do in the medical world, the question confronts us, how are our principles to be promulgated, and in what way can our methods be improved upon? for we realize that Eclecticism is yet only in its infancy. The only way is by successful organization. Organization promotes fraternal feeling and friendship. It stimulates scientific activity. It promotes healthy rivalry in individual efficiency and skill. It is commendable by the laity and elevates the physician, who is a member, in the community in which he lives. It disseminates our principles and indirectly educates the laity along Eclectic lines. Therefore, let our watchword be organization. Let our organization keep an ever-vigilant eye over our colleges, stimulating them and exacting of them, continually, better work, not only in therapeutics, our strong hold, but in all branches of medicine. A few years ago, in consultation with a professor on materia medica in a regular college, his greeting was, "Your school has done wonders in Materia Medica and Therapeutics. In this respect we must doff our hats to you. But in Pathology and Bacteriology you are not worth a cuss." There is no earthly reason why we should not be first in therapeutics, first in surgery, first in pathology, first in bacteriology, and first in the minds of our fellow men.

The days of so much medical skepticism, superstition, prejudice and half knowledge of the past are fast vanishing before the light of the modern teacher and specific diagnosis and specific medication. The attitude of the physician is toward beneficial results. Theory, no matter how ancient or modern, is useless to him unless it can be practically demonstrated. The student in the laboratory to-day dominates medical thought, but the student of clinical observation, endowed with a good knowledge of Eclecticism, needs no introduction to success. Far be it from disparaging laboratory work. It has been invaluable to science, but has its limitations, which are as distinct as those of clinical observation. We urge prosecution of this indispensable work, and at the same time a more profound study of that which has given us our identity, clinical medicine, specific diagnosis, and specific medication.

A this point allow us to digress in order to note an editorial in one of the prominent regular journals, which is as follows:

**Seton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 110.—Mr. M., an employe of the Big Four Railroad Company, received an injury to the left foot and ankle, making a compound fracture at either malleoli and combination of Pott's fracture with destruction of the soft part. We might say, ordinarily, that such an extensive injury in a large joint would demand amputation, but on account of the age of the patient, some sixty years old, and in a feeble condition, there would be more danger in the amputation than in the attempt to save the limb.

Let me tell you that these injuries, so extensive, demand at once a severance of the tendo-Achillis for two reasons: 1, to protect the spasmodic contractions, constantly present in these injuries, of the heavy muscles that make up this tendon. 2, its severance is demanded on account of the displacement which the contractions of the tendo-Achillis make, and in the ultimate recovery of the foot and extension of the foot, so that the tendon must serve before a useful limb can be obtained.

I am not quite sure but what we shall have to promulgate as a proper treatment in Pott's fracture an immediate severance of the tendo-Achillis, because of the comfort that the patient experiences in the recovery of the case, and because it makes eventually a better foot. I am aware of the fact that none of the surgical authors advise such a procedure, and after very extensive practice in this line, I find my results so much better than treatment by the old method, that I shall adopt this procedure in the future.

CASE 111.—Mrs. G., referred to the clinic by Dr. G. E. Davis. A married lady, 35 years of age, with a severe soreness in the pelvic region and some lateral enlargement. This patient has been on the sick list for several months without any beneficial result, and has come to the clinic for surgical relief.

On examination, I find a tumor mass in the right iliac region extending up to the promontory of the sacrum. The womb seems considerably enlarged, a condition which often happens in cases of ectopic pregnancy. There is this difference in this case, however, that we have not had the continual hemorrhage or the history of a rupture, and inasmuch as the patient is about to submit to a laparotomy, there is not so much of a differential diagnosis being made before the abdomen is open. We shall therefore proceed to open the abdomen without the diagnosis, simply this that there must be surgical interference. We find on opening the abdomen a tumor of

the right ovary about the size of a man's double fist, and it is bound down in Douglas cul-de-sac and to the tissues of the pelvic wall, so that it will require considerable destruction before its removal is completed.

We shall now put in a drainage gauze, down through Douglas cul-de-sac out into the vagina for the purpose of carrying down a good piece of gauze for drainage, and also for the purpose of backing off the traumatic tissues in the pelvis. This gauze shall be allowed to remain in place for 36 or 48 hours when it will then be withdrawn, and the opening made will remain for three or four days longer. I find, after a great many hundred cases, that this little precaution of drainage where there is much traumatism is to be commended.

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## Eye, Ear, Nose and Throat.

CONDUCTED BY KENT O. FOLTZ, M. D.

### ATROPHIC PHARYNGITIS.

[Concluded from page 361.]

The claim is made by some that atrophic pharyngitis is the result of atrophic rhinitis, but it is more likely that both are caused by the same factor. In some cases extension through continuity of tissue may occur, but they are probably the exception. Impeded nasal respiration is undoubtedly an important causative factor in producing some types of dry pharyngitis, as mouth breathers as a rule are afflicted with this condition, atrophic changes eventually resulting.

*Pathology.*—In the simple dry form, where the secretion simply dries and hardens on the pharyngeal surface, morbid changes in the membrane are very slight. The changed secretion may, through constant irritation, cause a chronic inflammation, which will eventually lead to contraction of the inflammatory tissue, producing a true atrophic process. This necessarily produces changes in the vascular supply, and through pressure, changes or destroys the secreting action of the mucous glands.

The morbid changes resulting from vascular wrongs, as often found in heart, lung, liver, kidney or alimentary diseases, are due to lack of nutrition as well as pressure on the perivascular structure by the over-dilation of the blood vessels, the glands also being affected. If this pressure continues for some time, pressure atrophy may follow, although occasionally slight inflammatory changes may have occurred early. The result is permanent as in the true inflammatory type.

*Symptoms.*—The most pronounced symptoms are the burning,

itching sensation and annoying dryness. As a result of this dryness it is difficult to swallow solids without first moistening the mucous surfaces. A sensation of stiffness and rigidity of the throat is present. In some cases, the secretions will be so dry and firm that a grating sound can be heard when a probe or the end of a tongue depressor is passed over it.

The character of the secretion varies, according to the degree of change and its cause. In the simple form, where the submucous tissue is little affected, the membrane is thin, translucent and smooth. As the pathologic changes increase in the submucosa and glands, the secretion becomes thicker, is irregularly massed, and is of a brown or green color. There is the sensation of a foreign body in the throat, which aids in increasing the hacking cough.

The nasal cavities often, and the naso-pharynx nearly always, present a similar condition, and the eustachian tubes are usually affected.

In the early stage of atrophy, or in the simple dry type, the removal of the secretion will leave the mucous membrane reddened and extremely sensitive. Later, when there is crust formation, their removal will leave the surface with irregularly-colored patches, some having an inflamed appearance, and some being pale and colorless. The membrane appears thinner than usual, excepting in those cases of atrophy due to venous stasis and pressure atrophy. In this class the surface is more nodular, the blood vessels appear to be more on the surface and, excepting in the later stages, there is not the tendency for the secretion to form in masses. The breath is usually offensive.

*Diagnosis.*—Easy, as a simple inspection of the pharynx will reveal the condition.

*Prognosis.*—Favorable in all forms in the early stages. Unfavorable after permanent atrophic changes have occurred.

*Treatment.*—After the contraction of the submucosa has advanced to such an extent as to destroy the glandular elements of the tissues, only palliative measures will be of use. Prior to this, however, a partial or complete cure can be obtained. The condition of the nasal and post-nasal tissues must also be considered in these cases.

*Local Treatment.*—This has but little effect, only as it removes a source of irritation by the removal of the tenacious or dried secretions. This secretion can be removed in many cases by the use of an alkaline wash. Sometimes the use of pledgets of cotton on a curved probe will be necessary. The salicylic acid wash has been found to be one of the best local applications in these cases, as it has the property of stimulating glandular activity. Irritating measures are to be avoided.



### Periscope.

#### WHO ARE "ELIGIBLES" FOR THE MEDICAL SOCIETY OF VIRGINIA?

The American Medical Association, some years ago, did away with the "Code of Ethics," and in its stead, promulgated what is styled the *Principles of Ethics*. This document is as elastic as India rubber, so far as application to individual cases is concerned. Hence, in the membership of that Association there are now homeopaths, eclectics and negroes, who are entitled to all the privileges accorded to the "regulars," as of other days.

"In the pell-mell flurry to re-organize a few years ago, nearly all the regular State Medical Societies of the country, under the influence of a *fanaticism*, which was remarkable in its results, fell into the trap. The 'plan' offered some most plausible features, and these were presented in such a way as to cause some to lose sight of the ulterior effects. Whatever may be said in favor of the general reorganization plan, it yet remains that the time is not ripe for the amalgamation of the different schools of medicine. Where one holds to the tenets of the homeopathic, or the eclectic, or other distinctive school of practice, *let him remain in his own field of practice*, as much so as the different denominations of Christians."

The Constitution of the Medical Society of Virginia, it would appear from the above abstract of Article I, excludes from Fellowship those who style themselves homeopaths, eclectics, or as belonging to other exclusive schools, or who are other than of the Caucasian race.

The racial question is well defined. But who may be regarded as possessing "good standing and fellowship with the *regular* profession?"

Some have undertaken to classify a "regular physician" as one who practices according to the doctrine of "allopathy"—"that method of treatment of disease consisting in the use of medicines, the action of which upon the body in health produces morbid phenomena different from those of the disease treated. \* \* \* It need hardly be said that modern scientific medicine is based on no such theory or definition." The regular physician is "one of the school of scientific medicine who adhere to no clique, sect, 'pathy' or 'ism'." The regular practitioner is at liberty to use anything in nature which experience or observation has proven to be useful in the treatment of disease—whether satisfactory theory for its *modus operandi* has been established or not—and in such doses as his judgment may suggest are needful.

Surely, the doctrine of such a school of practice is broad enough to meet every demand. But when one denies such a doctrine—when he limits himself to the use of infinitesimal doses, or to doctrines of the eclectic school—he can not be a “*regular*” in the technical sense of the term.

“*We are not in sympathy with the idea of amalgamation of these different schools of practice into a common fraternity. If one is an honest homeopath, or eclectic, etc., let him remain true to his own school. But there are some fields common to all—such as matters of public hygiene, certain legislations, etc.—when it may be proper to hold conferences of all the schools for a common good—just as the denomination of churches may from time to time hold ‘ecumenical councils,’ etc. But when the purpose for which such conferences is accomplished, let each school or denomination return to its own legitimate work.*”

According to our understanding, if a doctor has graduated as a homeopath, or eclectic, and practices as a homeopath or eclectic, he is not, according to the Constitution of the Medical Society of Virginia, eligible to membership in that body.—*Editorial Virginia Medical Monthly.*

[*Note*—This is the most honest and straightforward statement it has been our pleasure to peruse. See editorial in this issue.—*Editor.*]

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### ECLECTIC METHODS AND REMEDIES.

Give honor where honor is due. The day is past when any physician of the regular school need hesitate frankly and manfully to give full credit to the members of other schools for whatever good work they have done, in our common profession, toward alleviating the miseries of humanity and prolonging human life.

The specific study of symptoms and the application of therapeutic remedies at the bedside have developed in the eclectics qualifications which are by no means to be despised. It is to our shame that we say that we have not paid the attention to this department of medicine which it deserves, but have rather contented ourselves with studies as to etiology and pathology. The tendency has been by far too great to stop with the diagnosis of disease and ignore its treatment. This, however, is rapidly changing, and throughout the field of medical literature may be seen everywhere evidences of an arousing interest in the treatment, a disposition to study the properties of drug-remedies and to apply them to proper conditions rather than to diseases as entities.

We must further call attention to the fact that the really good work done by the eclectics would not have been possible had they not been so fortunate as to have at their back supply houses from which to draw drugs of remarkable qualities. The houses of Lloyd and Merrill have enabled the practitioners of this school to do work in the clinical field which would have been impossible had they not been supplied with drug-remedies of the finest quality obtainable, and in which each individual drug has been handled with a pharmaceutical skill which, we very much fear, is not to be found in the ordinary preparations furnished by miscellaneous manufacturers, and taken up at random in the various pharmacies.

It is true, the theory of drug-action held by Lloyd is not that which we hold, he adhering to the old conception of the whole-drug action, whereas we can not but see in the whole-drug action the combined action of its combined active principles, necessarily varying with the quantity and proportion of each of these which may happen to be present in each specimen of the crude drug. Nevertheless, we do not hesitate to express our belief that in the elaboration of decolorized and green-drug preparations, these houses have approximated the ideal much more closely than the manufacturers of the pharmacopoeial tinctures and extracts.—*Clinical Medicine*.

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### SUCCESS WITH NEW MEDICINES.

It appears that the adage, "A new broom sweeps clean," holds in therapeutics as in other departments of activity. A contributor to *Cosmos* (Paris, December 8) calls attention to the large number of cases in which a new form of medical treatment has met with success just after its introduction, only to be discarded on further trial. In the treatment of some diseases, method after method, regarded as most promising at first, and generally heralded in the daily press as a positive cure, has been thus cast aside. The writer suggests a number of reasons for this curious fact. He says:

"The results furnished by a new form of treatment are often regarded as excellent at the outset, while several months later they are no longer. 'Hurry and use this remedy quickly, while it is still curing,' once ironically said a skeptical physician. He was right, at least for many cures. There are many ways in which this may be accounted for. In the first place, numerous diseases are cured spontaneously, or suspend their action for a longer or shorter period, under the influence of one thing or another, quite apart from any form of

medical treatment. If the treatment employed is harmless, it may be given credit for cures or ameliorations to which it has in no manner contributed. . . .

"In the case of chronic invalids, the mere fact of entering a hospital, of finding a good bed and sufficient food, of escaping from domestic cares, is enough to bring about actual improvement. This is very marked in the case of the tuberculous poor, who, when they are not too far gone, always show sensible improvement in a hospital, which, in spite of its defects, is hygienically better than their own cramped quarters. This fact is not sufficiently taken into account in noting the efficiency of certain cures.

"Invalids on whom the physician tries a new treatment, whose benefits he generally desires to demonstrate, are the objects of special attention and marked care, and the treatment itself is more methodically applied, and therefore succeeds better. Thus, twenty-five years ago, bathing in typhoid fever gave better results in hospital service than it does to-day. Cold baths have not lost their virtue, neither has typhoid become more serious. Perhaps this method of treatment, having become very common, is applied with less attention, and is not so well overseen as at the period when it was still an object of investigation.

"Of the successive treatments recommended as effective in tuberculosis, not one has survived. All organic serums have been renounced as dangerous; and though the use of certain medicaments has been continued, in order to counteract certain symptoms and to raise the tone of the organism, none of them is now regarded as a specific."—*The Literary Digest*.

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Repeated attacks of indigestion not obviously due to some other condition, should awaken the suspicion of gall-stones. Most of the patients operated upon for cholelithiasis give a history of having been treated for a long time for dyspepsia, and in many of these cases the correct diagnosis might earlier have been established.

When performing an office operation too great care can not be taken to sufficiently roll back or remove such articles of clothing as might become soiled. The patient may not say much if he is obliged to draw up a garment wet with blood—but he'll probably think a few things.

A pulsating tumor of the os ilium (endothelioma sarcoma) may easily be mistaken for a gluteal aneurism.

# ECLECTIC MEDICAL JOURNAL.

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## FEEDING THE PATIENT.

Sometime since we believe we made it plain to readers of the *Journal* that to be well one should drink an abundance of water, and that the drinking of this liquid should to a degree be urged upon those who are ill. We believe that we did not err in that paper when we said that the three life essentials are air, water and food.

At this time we propose to say a few upon food or diet. Time nor space allow us to make the paper exhaustive.

We believe the subject of feeding the sick and surgical patient to be a most neglected one. In fact, with some practitioners of prominence with whom we met, it seemed to be a *faddy* subject. By this we mean that certain routine diet lists were always used, in which were prominent articles not chosen particularly to fit the patient in hand, but because they were frequently recommended by those who advertised the basic product from which they were made. We hate patent foods as badly as we hate patent medicines.

Frequently the giving or the withholding of food has more to do with the recovery of the patient than does the administration of medicine. We have frequently called our surgical brethren to task because of their neglect in the medical treatment of the unfortunate who fall into their hands. And as a rule, we have no more praise for them as feeders of the sick. Diet is looked upon as lightly as is medicine, and almost wholly left to the whims of an erratic nurse, or the patient takes what comes as it comes upon the regular daily diet lists of the hospital in which he is confined. Sometime since we had patients in a hospital that had a list that could not be deviated from, for each day in the week. Ask for a certain article for your

patient and you would be told that that article came on, say, Saturday's or Tuesday's list and it could not be gotten before that time. So it was. Each day brought its dumplings. Eat them or let them alone. The butcher brought beef Monday; ram, Tuesday; lamb, Wednesday; sheep meat, Thursday; and ham Sunday only. May heaven save people from such an hospital!

The most crying need of the surgical patient who has lost much blood, is its speedy restoration. This can be done only through the giving of food and water. Blood can not be made in any other way. It is as true, too, that a nourishing and suitable diet has *everything* to do with the speedy healing of wounds. Nourishment then is next to air and water in the making of a good blood stream. Do not let us forget this! Withhold nourishment and convalescence in any case will be protracted, if any progress toward recovery be made.

In diet, as in medicine, every case is a study of itself. We can have no fixed or fast rules as to diet in any class of patients, anymore than we can have such rules of medication in the same cases. The individual case is to be fed. A few generalities may be applicable to all cases. First: Do not try to make a sick person eat that which is distasteful or obnoxious to him when he is well. Do not insist upon his taking your favorite article of diet at any time. If you do, you risk a disordered digestion and a disgruntled patient. Appetite may generally be consulted with safety as to kind of food, but not always as to the amount. Satisfy longings or cravings, generally by giving small amounts frequently, of that for which there is extreme desire. It is said that there are exceptions to all general rules; but to our knowledge, based upon experience, there are not many to this on.

Food should be given regularly; frequently when small amounts are taken; less frequently when larger amounts are consumed. The time should be definite. Anticipation frequently whets appetite—disappointment in getting a meal on time begets disgust, discouragement, dyspepsia. Feed, then, on time.

The exception is when the patient sleeps. Do not awaken to give food (or medicine). Sleep is nature's sweet restorer and it should not be broken for food unless demands be most urgent. Food for the sick should be served as invitingly as possible. Dainty dishes and doilies increase desire for it. Almost any dish can be made so invitingly that the sight of it will cause a free salivary flow and a desire to taste it. Don't carry cold food to the sick. Let it be hot *always*. This applies to solids or liquids. We should, of course, except those that are to be cold. Let these be very cold. There is no

middle of the road between hot and cold in serving food to the sick.

Too much food is as bad as too little. Enough is plenty; enough is as good as a feast. Should we feed every patient? No. There are those who should have a rest—they have had a surfeit of good things and good appetite has made them trouble. Cut them down in allowances; change the food to something easy to digest, easy to assimilate and easy upon the stomach, liver etc. The question here is not so much, how can we nourish, as how much can we deplete through diet regulation.

Generally, a coated tongue says no food needed. This is an index of overfeeding, a lax liver, an inactive primavia, and any one of these would say do not give food. We know it to be the custom of many to try to nourish the patient, not so much because of his ill-nourished condition, but principally because he has eaten nothing for several days, or for such a length of time that the friends are disturbed. Too frequently, we think, we fail to realize the gravity of the error in this case. Here the withholding of all food is the only reasonable measure to be taken. The tongue as an index tells us that there is "nothing doing" in the works below. All is at a standstill or perhaps worse. Then give food of some sort, dump it into an already foul stomach and bowels to ferment, to sour? Do not do it. Give liquid enough to furnish intestinal gland, serum sufficient to wash out the foulness—the undigested material, etc. Do not add to by giving food. (Better give physic or emetic.) There is no digestion in such a stomach, etc., and there can not possibly be assimilation when there is no digested material in contact with the absorbents of the digestive tract. With these ideas well considered we will conclude. Frequently—to feed or not to feed—that's the question. As a physician, decide it for each case. But when decided also see that your patient is fed—has *food*. If the nurse does not know what to give and how to prepare it, the doctor should be able to advise her specifically. He should not only be able to do this, but he should see that his patient gets the food in proper shape.

While this paper has already grown too long we have not finished. But the points we desire to emphasize are these: We all neglect diet in treating our patients—both medical and surgical. Our surgical patients would get better, faster and more certainty if they were better fed, and our medical patients would do better—some of them if fed more—others if fed less—and others if fed nothing for a time. Usually from preparation a surgical patient is in condition to take food, while a sick patient is not so frequently in such condition.

BLOYER.

**CARBOLIC ACID.**

Carbolic acid was the principal antiseptic and germicide in the early days of antiseptic surgery. Lord Lister became famous for his method of spraying a solution of it continuously during operations, not only in the operating room, but upon and around operator and patient. The method became known as Listerism, and was scrupulously observed by leading surgeons for a time. Surgeons are naturally bold and independent, however, continually devising new methods and new instruments, and are averse to leadership. So it was claimed that such free use of the acid, by its poisonous qualities, was detrimental and delayed healing, and it was not long before there was a reaction from the antiseptic method, and asepsis became the surgical slogan. To make the case worse, instances of gangrene were reported as the result of applying carbolized dressings to wounds of the extremities. Consequently the agent was for a considerable time in bad odor in a double sense, and largely withdrawn from the domain of surgery, superseded by a long list of antiseptic agents and combinations, declared to be superior to carbolic acid and non-poisonous.

It has never passed out of use, however, and recently, by a slight change in manipulation, it is coming into favor again. As it is cheap and convenient withal, it bids fair to again head the list of effective germicides and disinfectants. A saturated solution of the crystals is made with ethyl alcohol instead of water. This is permanent and has a wide range of usefulness. When it is used full strength it can be neutralized by an application of alcohol to limit its caustic effects as desired. Its analgesic influence is marked. In burns before vesication occurs, and in erysipelas, immediate relief is obtained by applying it with a camel's hair pencil, removing with alcohol one or two minutes after. Threatened abscess can often be prevented in the same way. The pyogenic germ causing boils is known to gain entrance by a hair follicle; development can be arrested by dipping a splinter of wood in the acid, and working it into the follicle. If a boil or other abscess has already supplicated, evacuate and apply the acid on a pledge of cotton to the cavity, making sure it comes in contact with the entire surface; then after two minutes, swab out with alcohol and dress with iodoform gauze, leaving in place for a week; often no second dressing will be needed. Hydrocele is best treated in the same way.

Nothing better is known for infected open fractures (open fractures are necessarily infected before you see them). Septic wounds and ulcers can be disinfected very completely. For most purposes full



strength is applied, neutralizing as desired by subsequent application of alcohol. If for any reason weaker solutions are desired, alcohol or a mixture of alcohol and glycerine, is preferable to water as the diluent. Used as above directed there will be no gangrene or other untoward effect.

CHURCH.

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### PHASES OF TYPHOID.

Typhoid fever, after well under way, can not be aborted, and must pursue its course to the end. Heroic measures intended to "break up" this disease are not good practice, for much harm may be done by harsh and injudicious medication. But we can, by careful management, at times shorten the duration of this fever and avoid the many complications that are prone to arise — complications dangerous and alarming and requiring immediate relief. Hemorrhage from the bowels is, perhaps, one of the gravest accidents of typhoid fever, and those cases attended with intestinal hemorrhage have the largest per cent. of mortality. When a hemorrhage occurs we should insist upon personally inspecting the dejection, for friends and nurses are inclined to exaggerate the amount of blood, and a few spots or streaks, possibly not intestinal, are sometimes called hemorrhage. We should satisfy ourselves fully in regard to the gravity and extent of the bloody discharge before undertaking treatment. When hemorrhage occurs we administer:

**R.**—Bismuth sub-nitrate, dr. i ; comp. diaphoretic powder, gr. 5. M.

This powder is given every two hours, alternating with —

**R.**—Specific ipecac, gtt. x ; specific ergot, dr. ss ; tr. oil cinnamon, dr. ss ; simple syrup, oz. iv. M.

Dose, teaspoonful every two hours.

The bowels may be kept locked for seven or eight days without injury to the patient, when a gentle laxative, such as a tablespoonful of castor oil, may be given. Should the discharge still show traces of blood, the bowels may again be locked for several days. We have successfully pursued this plan in the few cases of hemorrhage occurring in our practice. The profuse diarrhea which sometimes marks the course of this disease may be serious enough to require treatment, although one or two discharges daily are not indications for checking treatment. In cases requiring it we find the following of benefit:

**R.**—Sulpho-carbolate zinc, dr. ss ; codein sulph. gr. i ; bismuth sub-nitrate, dr. ii ; specific aconite, gtt. v ; specific ipecac, gtt. v ; thin mucilage, oz. iv. M.

Dose, teaspoonful every two hours until the diarrhea is controlled.

Frequently two or three doses of the above will prove sufficient. Castor oil has proven to be the best cathartic in our practice for the constipation of typhoid, although we frequently allow the bowels to remain closed for three or four days, when, if there is no sign of alvine movement, the oil is given. A very severe class of cases are those attended with cerebral complications, insomnia, delirium and tremors. These patients are in a serious state from profound auto-intoxication. To eliminate the poison and quiet the nervous system will require our greatest efforts. Here passiflora, bromide of potash and gelsemium are the remedies, while lithium citrate, jaborandi and intestinal antiseptics should be pushed with free catharsis.

WATKINS.

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### SPASTIC PARALYSIS.

The study of the various forms of infantile cerebral palsies is one that presents to us some difficulties and considerable interest; not as to remedial measures but in the direction of prognosis. It ought to be a source of pleasure or pride to the physician to be enabled to give an accurate prognosis in cases presenting themselves to him for advice and judgment, as to complete recovery. Honesty is the best policy in the long run even though it may not pay so well financially. For convenience of description these cases have been divided into three groups, the division being based upon the time of the occurrence of the lesion. Intrauterine, or occurring prior to birth; the causes of which are obscure and indefinite; those occurring during labor or birth; tedious labors and instrumental delivery being assigned as causes; those developing subsequent to birth. Here, again, the causes are rather vague and indefinite.

The terms diplegia, paraplegia and hemiplegia applied to these palsies, depend upon the parts paralyzed; the type of paralysis; and thus notes the portion or portions of the brain involved. Thus, in diplegia, all four of the extremities are paralyzed and indicates that the lesion of the brain is bilateral. In paraplegia the legs are involved, showing that the vertex of the brain is affected, involving the leg centre. Hemiplegia indicates that the motor area of one of the cerebral hemispheres is affected.

In any of these types not only motor areas are involved, but sensory, special sense or psychic symptoms may be present also, as the destruction of brain substance is excessive. Cysts, softening, atrophy and sclerotic changes all replacing normal brain substance.

The symptoms vary, of course, with the type of the disease. The symptoms, exclusive of the paralytic conditions, vary also. The recital of a few cases from personal observation will probably present

the subject in a better manner than a recital of the classical symptomatology.

Some years ago, we attended a primipara, whose labor seemed in all respects normal, save only the hemorrhage was a trifle profuse. The child was blue, emaciated, unduly small and nearly asphyxiated. Within less than an hour after birth, convulsions occurred and continued with intermissions for several days. During the convulsions the cyanosis increased and it seemed that the child could not possibly survive. Nine years have now elapsed; the child is still very much undersized, not able to help itself in any manner. Not only is there present a complete loss of power, but the intellect has suffered as well, and the child is an infant still.

In contrast somewhat to this case, is the history of a case where, after a tedious instrumental delivery, a large, well-developed boy had convulsions at the close of the first forty-eight hours of its existence. The convulsions were not severe. Not tonic in character, being described by the parents as being a mere shiver; slight epileptic attacks. The child grew rapidly, never walked, and developed bestial characteristics. It was brutal in its tendencies and required constant watching, living until about twelve or fourteen years of age. He had perfect use of his hands and arms.

Another child had convulsions soon after birth. Now, at about fourteen years of age, he has spastic paralysis of the lower extremities. Contractures of lower extremities, athetosis of the upper, and is an idiot. When he walks the limbs cross one another, and after walking a short distance falls. Other cases might be enumerated. The point we wish to impress is this: Be careful of your prognosis in all cases developing convulsions soon after birth. Do not promise the parents the child will outgrow the condition. They never fail to leave a permanent imprint upon the motor centers, but, worst of all, the intellect suffers even if the motor does not. I have never seen a case in which recovery was complete. Be watchful as well of backward and those styled as queer children, when required to make a prognosis.

MUNDY.

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### CYSTIC IRRITATION.

Cystic irritation, in either male or female, may arise from several differing conditions. To relieve this trouble we should endeavor to discover the cause and remove it. A frequent call to urinate, both urgent and insistent is, perhaps, the most common symptom of this affection. When this is the only symptom, gelsemium in small doses usually relieves the patient in a few hours. When there is in

addition to the small and frequent urinary discharges, sharp shooting pains, apis is added, and should there be burning and itching, eryngium will also be called for. In the cases amenable to relief by the above remedies the irritability appears to be altogether of nervous origin. When the irritation is due to acrid vaginal discharges, local cleansing is called for and the source of the discharge should be removed. It is useless to temporize with internal remedies when the trouble arises wholly from extraneous local causes.

In elderly patients we often have vesical irritation causing frequent calls to urinate, but the urine is scanty and does not flow freely.. Equisetum in half-teaspoonful doses is indicated in this phase of bladder derangement. Equisetum is a good remedy and will be found reliable. We sometimes re-inforce equisetum with chimaphilla, especially when there is much debility of the bladder musculature.

Just recently a case of chronic cystitis of many years standing found great relief in santonin one-tenth every two hours. The symptoms in this case were, for the most part, slight scalding pain with tardy flow, requiring some little time to start the stream.

When the cause of cystic irritation is due to acrid urine which, in such instances, is generally hyper-acid, lithium salts, in large doses will afford relief. But strong irritating urine may be excessively alkaline. In those cases of hypertrophic prostate, when the urine remains stagnant in the bladder and becomes infected with micro-organisms, temporary relief is afforded by antiseptic bladder lavage. Boric solution is a favorite. Asepsin is also of benefit used in solution for the purpose of disinfecting the bladder. So long as we can help our patient in this way all is well and good, but in time our remedial measures fail and the case assumes a surgical phase. Copious drinking of water, sweet milk or buttermilk, is to be recommended in these cases, but alcoholics and opiates of all kinds are to be avoided.

WATKINS.

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### SIT UP STRAIGHT.

There are times when one is tired or exhausted that they will feel disinclined to sit up straight, when it is an actual relief to relax the mental and physical systems, and the sitting down in a heap is a relief. Under ordinary conditions, however, there is no excuse for such a position. It is a very sure indication of both mental and physical indolence, and in youth and middle age it certainly is not a recommendation to the alert business or professional man. The

person whose habitual position when sitting, reminds the observer of a mass of soft jelly, spreading in every direction, surely will not inspire confidence.

The successful business or professional man is the one who keeps all his faculties together, not spread over the greatest amount of space. The young man who stretches his legs half way across the room, sits on the dorsal or cervical portion of his spine, instead of the portion of anatomy intended primarily for receiving corporeal punishment and later for sitting upon, is too indolent, mentally and physically, to ever attain any but a mediocre position.

In every vocation it is the alert individual that is successful, and the alert person is the one who always retains control of the faculties. It is simply impossible for the person that "slops" over physically not to do the same stunt mentally. I am not referring to those of excessive weight, but to those who never seem able to sit anywhere without occupying two or three times the amount of space they are entitled to.

In medicine the faculties should always be kept well in hand, as emergencies are constantly coming to the front demanding prompt action. The man who sits up straight will always be ready for action, but the one who spreads all over the room will take so long to get together, the opportunity for effective action will have passed. After it is all over, and he returns to his office, he will get to thinking and then sees where he might have done better work. He either can not or will not sit up straight. After opportunity has passed it is impossible to grasp it; it must be met boldly and turned to advantage at the time of meeting. If you are not in the position, mentally or physically, to meet such conditions, you are not doing your full duty to yourself or your patients; in other words, you are not sitting up straight.

FOLTZ.

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### A HEROIC DOSE OF CALOMEL.

Physicians of the present generation, regardless of their school or prejudices, can scarcely form a conception of the manner in which calomel was employed before the eighteenth century. It will be recalled that the eclectic school was founded largely in a crusade for the purpose of overcoming the evils that followed the heroic use of this substance. But even the eclectic physician of America will be surprised with the enormous doses commended by authorities one hundred and fifty years ago. The following, taken from Motherby's New Medical Dictionary, 1775, struck our attention as carrying enormous loads of calomel in the dose. It would be charitable, pos-

sibly, to accept that such a dose is a misprint, were it not that no errata appears in the volume, and besides, as has been said, calomel was given in most heroic doses by physicians who claimed that the deleterious action was less pronounced than when given in very small doses. Incidentally, the description of the disease "Yaws" may be of interest. The article is as follows:

"YAWS. It is a distemper endemical to Guinea and the hot climates in Africa. The people there have it once in their lives.

"At first it is unattended with pain or sickness; it makes its first appearance in little spots on the cuticle, no bigger than a pin's point, which increase daily, and become protuberant like pimples; soon after the cuticle frets off, becomes white, and then, instead of pus or ichor, there appears a clear lymph which dries into white sloughs or sordes, under which is a red fungus; these increase gradually, some to the size of a small wood strawberry, others to that of a raspberry, others again exceed the largest mulberry, which in shape it much resembles; they are on all parts, but most in the genitals, anus, arms and face; when they are large there are few, when small there are many. The black hair in the yaws turns white and transparent.

"This disorder is not dangerous if skillfully managed. It is infectious.

"As soon as the patient is observed to be infected with this disease, he must be confined to a place where he may remain alone; then give the quantity of a nutmeg morning and evening with forty or fifty drops of the antimonial wine in a draught of a decoction of sarsaparilla.

"R. Aeth. mineral. dr. iss. antim. crud. ppt. & theriac. androm. aa. oz. i. camphor. oz. i. syr. alb. q. s. f. Electar.

"When the disease seems to be at a stand, give calomel so as to excite a salivation, to the quantity of a pound and a half in twenty-four hours; let the discharge then decline gradually, purge gently, and give the decoct. sarsaparilla. The ulcers may be touched with the following solution:

"R. Merc. sublim. corrosiv. dr. i. sp. vin. R. oz. ii. m. f. solutio.

"If the salivation in its progress seems ineffectual to stop the spreading of the disease, desist, and give alteratives, such as are recommended in the lepra, and dress the parts with the following:

"R. Ungt. basil. flav. oz. i. merc. cor. rub. laevigat. dr. i. alum. ust. dr. ss. m.

"Then cicatrize with the epulotic cerate mixed with a little burnt alum

"The solution of the merc. corros. alb. in sp. vin. is sometimes given as an internal. When nodes attend the disease is incurable. If, after the cure of this disease, a pain is fixed in the feet, in this case warm bathing, paring the callous skin, and the use of an escharotic ointment, will be found very effective."—*Motherby's Medical Dictionary*, 1775.

LLOYD.

## THE NEED OF THE HOUR.

In a valuable address before the National at Los Angeles, Professor Thomas made several strong points.

He stated that there were now about 7,500 eclectic physicians, and that it was wrong to claim 10,000 or 12,000 practitioners when these claims could not be substantiated.

On a basis of a calculation that about 350 die annually, more than that number of graduates are needed to fill these and other vacancies.

He called the attention of the members to the lamentable fact that the eight eclectic colleges are graduating less than 150 annually, and unless our practitioners are alive to this situation, we do not have to wait for the absorption methods of the old school to decimate our ranks.

What we should have is *more students*.

If each of our men would secure a good student with at least high school education—one in four years—we can fill every eclectic college to overflowing, and start and support eight additional colleges.

The cry is continuously made that some of our men send their sons and students to *regular* colleges; that is the very occasional exception—not the rule.

The truth is, the majority of our men do not send any students anywhere. They seem to be content with their unusual success in practice, and do not give the student question a thought.

Some of these same men call the loudest for *eclectic* graduates to fill locations.

*Just stop to think*—one new student from each man once in four years, will double our numbers and crowd our colleges. Can't you find a student?

SCUDDER.

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## THE ECLECTIC PRACTICE OF MEDICINE.

Many otherwise observing and intelligent people have the impression that everything in medicine not in harmony with the old or "regular" school is quackery or humbuggery and that every physician who is not recognized by the "old school" might sound better, is an ignoramus and a charlatan and in no sense of the term an honorable physician. This is not only humiliating but very detrimental to liberal physicians and reform medicine.

Eclectic in medicine is nothing more nor less than a broad liberality untrammelled by codes, customs or prejudices. It is medical education not in a rut nor along beaten paths, not according to authority or precedent but an education that is comprehensive and

liberal enough to accept all truths in medicine, let them come whence they may—the halls of learning, the old nurse, or the wild man of the forest.

Nor is this education superficial or in any way inferior to the education of the so-called "regular" physician. Eclectic colleges are among the best. They are equipped in all the latest scientific improvements in medicine and surgery and their graduates are men of honor and integrity and have no superiors in the knowledge and practice of medicine.

The laws of every State in the Union recognize them as honorable, capable physicians and the demands for higher education and rigid state examinations in medicine apply to all schools alike and for which eclecticism is greatly responsible.

Eclecticism means pleasant medicines for the sick administered in small doses frequently repeated for their curative or healing effect. Nor are eclectics "yarb" doctors as some would have you believe. The best remedies of all schools of medicine they make use of (hence the name eclectic) while the average physician who condemns them knows very little about any or uses but few of the very best drugs peculiar to eclecticism. Ask the doctor who refuses to consult with or recognize eclectics why he does not use *Rhus Tox*, *Bryonia*, *Asclepias*, *Drosera*, *Echafolta*, *Hyosciamus*, *Pulsatilla*, *Gelsemium*, *Phytolacca*, *Baptisia*, *Passiflora*, *Rhus Aromatica*, *Chionanthus*, *Collinsonia*, *Sanguinaria*, and a score or more remedies without which eclectics would scarcely practice medicine successfully. Eclecticism means conservatism in medicine. It saves the vitality of the sick and is the very antithesis of depletion—bleeding, drastic cathartics, emetics, blisters, ice packs, cupping and the coal tar heart paralyzers.

The principal distinction of eclectics as a school of medicine consists in their thorough knowledge of American plant-medicines and the administration of a remedy for certain definite symptoms or disease expressions instead of the ordinary method of diagnosing a disease and then prescribing for the name. They endeavor to reach that happy mean between the extremes in medicine.

They wish to be judged only on their merits, not by what others say of them. They ask no sympathy and expect no favor nor do they offer any apology for being eclectics. They believe they are right, and their honest endeavor will continue to be to elevate and better the practice of medicine and do their full duty to suffering humanity.

L. S. D.



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## Original Communications.

### TREATMENT OF NEURALGIA AND NEURITIS.

By W. B. Church, M. D., Cincinnati, O.

Differing widely on most medical questions, the laity are united in expecting us to relieve all relievable forms of pain. Except for pain of some kind, most people would have no use for a doctor. Gratitude and appreciation are felt and emphatically expressed when relief is afforded from extreme suffering. On the other hand, failure to assuage pain within a reasonable time is very likely to be ascribed to lack of knowledge as to its nature and cause.

At this juncture the question most disturbing to the general practitioner most frequently arises—the decision to change doctors. It is apt to be made suddenly, and with such full conviction of its urgency and necessity, that remonstrance is worse than useless. The temptation to stave off such complete rupture by administering opiates is strong, and often resorted to, but it often proves an unsatisfactory makeshift.

The success of a physician in securing and maintaining a satisfactory professional standing in the community must largely depend on his ability to interpret the significance of pain, and the efficiency of his methods for alleviating it and removing its cause or causes. Trite as this observation may seem, instances are all too common of a diagnosis and treatment as rheumatism of such destructive diseases as local tuberculosis, periostitis or osteomyelitis.

It is not proposed to consider the nature and causes of all varieties of pain in a single journal article. The purpose is to redeem a promise in the May Journal to add to the paper on neuralgia and neuritis some suggestions regarding treatment.

In so far as we have settled the etiology of a disease we try to apply causal treatment. Whenever such a basis is lacking we often

resort to empirical remedies and methods—measures which have been found useful. Such treatment is generally referred to in derogatory terms, but up to the present time we are mainly dependent upon it in therapeutics.

Differing types of neuralgia as well as neuritis frequently make it difficult to differentiate them for treatment. The difficulty is greatly increased and often well-nigh impossible when the two diseases are combined, and we have to determine whether the neuralgia is the cause of the neuritis, or vice versa. This combination is used in such intractable and atrociously painful maladies as migraine, tic douloureux, and certain cases of chronic sciatica. Sometimes the predominance of one of the factors will serve as a sufficient guide for treatment; but in many cases the etiological relation is so evenly divided, that treatment for neuralgia aggravates the neuritis, and vice versa. These are the cases which continue for years characterized by such violent attacks of spasmodic pain as to drive many of the victims to suicide. It is in the treatment of such cases that all our favorite remedies that have served us well in numerous previous apparently identical cases, prove of no avail. Urgent and imperative as is the need of relief, and evident as may be the underlying causes, treatment is wholly disappointing. This is absolutely true so far as causal treatment is concerned.

Pain and neuralgia are not synonymous, neuralgia is however a special form of pain. It often seems independent of any pathological basis, merely a sensitive irritable condition of a nerve, occasioning great suffering and prostration while it lasts, leaving nothing to mark its site when it subsides; unaccompanied with fever or structural change. The pain of neuralgia follows the course of nerves of sensation, and may come on suddenly or gradually, may be preceded by a dull aching, or flash up with no warning. The etiology is often obscure, it assumes various types as it arises from different causes. A wound, bruise, or compression of a branch or trunk, or periphery, gives rise to neuralgic pain, which may be severe and continuous, but ceases immediately with removal of the cause. Dental caries is a frequent cause of such neuralgia which may simulate migraine, and resist all other treatment except extraction of the tooth. The supra-orbital neuralgias are of this type. In these the causative factor in some cases is eye strain: at least they are aggravated by excessive use of the eyes and the irritable condition induced in the muscles of accommodation is generally accepted as the cause. Treatment in such cases depends mainly on fitting the patient with glasses to remedy errors of refraction.

In other cases malarial poisoning has been assumed to be the cause; whether this theory is well founded or not, quinine in full doses is an effective remedy. Periodicity is a marked feature of this variety; the paroxysms recurring at a fixed hour.

Structures undergoing gradual elimination are apt to be a disturbing element in the vital economy. Wisdom teeth seem to be a survival of the ampler prognathous jaws of primitive man. Gradual reduction and retraction of the alveolar process hardly leaves them standing room, and the conditions are consequently so unfavorable for nutrition that they are of few days and full of trouble. Their difficult irruption and early decay is a frequent cause of neuralgia that may fail of recognition.

Neuralgia seems a very elastic term when it is made to stretch from these ordinary forms to include also those fearful maladies, *tic douloureux* and the worst sciaticas. In the former the pain is continuous and though trying is not unbearable. May terminate spontaneously after a few days, or be speedily and permanently relieved by removal of the source of irritation. It is amenable to treatment both locally and internally. Wholly different in every respect are the cases of which *tic douloureux* is a common type. No more pitiable condition is possible than is presented by a *tic* affecting the inferior maxillary branch of the trifacial nerve. Especially if it extends to the small branches that are distributed to the mucous membrane of the floor of the mouth, between the tongue and the gums and to the terminal fibres for the anterior two-thirds of the tongue itself. The pain occurs in paroxysms of ferocious severity, lasting several seconds, and separated by indeterminate intervals. The slightest motion, speaking, swallowing, coughing, sneezing, a touch, or draft of air, provokes a paroxysm and the patient refrains with utmost solicitude from movement. The papillae of the tongue are in an extreme degree of hyperaesthesia, and the effort to inhibit movement of this volatile organ, and prevent its tip from coming in contact with the teeth is tiresome and exhausting.

In some cases the dental nerve seems most affected, the pain starting in a particular tooth like a jumping toothache. If, as frequently happens, a tooth is extracted, there will be relief for a short time, when it will dart out from a neighboring tooth, which is also sacrificed. It is great folly to pull sound teeth in these cases. It is a serious sacrifice which never gives more than very temporary relief.

The unbearable pain can only be partially relieved by the largest doses of morphine hypodermically; even then we fail to get the prolonged quiet usual in other cases, and the unpleasant after effects are

so pronounced that the patient willingly consents to anything as a substitute. A patient of mine some years ago refused surgical treatment, but used large quantities of whiskey, which stupefied and benumbed sensation without producing the ordinary excitement caused by alcoholic stimulants. She frequently drank from two to four pints during the four or five days an attack lasted. No apparent ill effects were produced, and no other agent seemed capable of affording equal relief. Cases are reported cured by extract of opium internally, beginning with a large dose every three hours, and increasing or doubling each succeeding day, until pain is relieved. Enormous doses are reached far beyond what could be safely taken in other cases, the pain antidoting the poison. When complete relief is obtained, the drug is to be gradually withdrawn.

I have had no personal experience with this method but have successfully treated several cases, in recent years, with full doses of castor oil, not less than two ounces every morning. Subsidence of pain and general improvement were soon manifest, and progressed *pari passu* to complete cure. It is an empirical remedy of great value, impossible as it may be to explain or account for its action in these cases. Its cathartic action, though marked at first, grew at length to effect but a single satisfactory motion every twenty-four hours.

Many cases have been treated surgically. Resection of a portion of the nerve is not a difficult operation. The further back the resection is made the greater the measure of relief. Usually the nerve is exposed at the foramina, and drawn out of the skull cavity, and excised as far back as possible. Some attempts have been made by trephining to remove ganglia or excise on the proximal side; but results are not always satisfactory. It is believed that surgical treatment may be avoided except in cases where tumors or exostosis near the foramina press upon the nerve. Commonly recurrence sooner or later may be expected.

As already intimated these obstinate paroxysmal forms result from a combination of neuralgia and neuritis. Sciatica frequently assumes this form and many cases are extremely resistant to treatment. Weir Mitchell puts the limb in a wooden trough to secure rest, with receptacles arranged to keep ice or ice water along the course of the nerve. He claims good results, but it seems a tedious and difficult method. Many cases will yield to Galvanism. Fifty or more milliamperes applied daily. Positive pole attached to large pad over the sacrum, negative in a bowl of water with the foot. The positive value of electricity, as an adjuvant in treating disease, has been demonstrated more certainly in such cases than in any other in my experience. It

will certainly cure many bad cases in three or four weeks. It will not benefit all cases. Some will yield promptly to injections into the nerve or its sheath of 30 drops of chloroform once a day. The actual cautery is effectual in some cases. A remnant may still be left to reproach you, but the number will be very small.

Further consideration of neuritis is deferred to the next issue of the journal.

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## OUR DUTY AND PRIVILEGES AS A SCHOOL OF MEDICINE.

By Herbert T. Webster, M. D., Oakland, Cal.

Under the above caption an excellent article appears in the April number of this Journal, containing a number of wise and timely suggestions. It appears to the writer, however, that more might have been written upon this important subject. The author covered considerable ground that is germane to the subject, but one important matter, it seems to me, remains to be canvassed.

The reputation and permanency of our schools of learning bear greatly upon the standing of our school as a branch of medicine, both in a general way, and as regards our individual success in impressing the public with our claims for recognition. It does not signify entirely that our practitioners are successful physicians and surgeons. This is often popularly ascribed to individual merit alone; not to successful instruction. Our colleges in the past have not always left behind them such a reputation for worth and solidity as redounds to the credit of the cause.

If we look behind us, we will view the path along which we have traveled, strewn with the wrecks of defunct colleges. Misfortune, mismanagement, and bad beginnings have left many of our practitioners without an *Alma Mater*. Since the writer's novitiate as a medical student, many of our colleges have succumbed to the pressure of various disasters, and in every instance left worthy members of the profession homeless, as regards their place of graduation.

It is hardly worth while to enter into a discussion of all the causes which have brought about these unfortunate occurrences. It might result in recrimination in some instances, in others it might develop evidence of conditions wholly unavoidable. The less said in this direction the better. What is more important now is, to consider ways and means by which such a state of affairs may be avoided in the future. Dr. Munk, in an article published not many months ago sounded, it seems to the writer, the keynote of the avoidance of such disasters, "Fewer colleges and better ones."

One mistake that has been made in the past has been the attempt to found medical colleges on sand. In other words, credit, or borrowed credit, has taken the place of substantial endowment. The originators of our schools have too often attempted to establish institutions of learning with a modicum of money and large mortgages. A little mismanagement or misappropriation of funds proves disastrous under such circumstances, and a "measly" outfit of the paraphernalia requisite to respectable appearance is a constant menace to its reputation as an institution of learning. A poverty stricken institution offers meagre inducements to prospective students, and however bravely the annual announcements may trumpet the superior advantages it offers students are not long on the ground before they realize that they have been duped, and are not slow about discussing the fraud, and commenting upon it; and they are liable to finally give the institution a black eye, especially if they have it for a finishing course in some other institution where comparison is invidious.

Such a college, even if it never enjoys prosperity, is apt, if its management does not profit by it, through frugality, and apply its funds to a betterment of its conditions, to finally drift into a condition of marasmus, until the number of its students becomes so small that a struggle for existence is at last followed by complete extinction.

Such a school offers no inducement to capable teachers to sacrifice time and labor to instruct its classes, and the faculty must often be recruited by mediocre talent, which is itself in need of propping up, and which is willing to accept a position in a feeble institution, with the hope that something may be added to a struggling practice, through the little prominence such a position may afford.

All this becomes patent to the public, in time, and our adversaries are not slow to use the facts to advertise our weakness to the public, and our college thus becomes a source of local discredit to us, and finally, when it becomes defunct, of national reproach.

All this ought to be changed. Instead of requiring four years of existence as a school before admission to our confederation of colleges, the National ought to insist that every new college asking for recognition shall furnish substantial evidence of a solid financial basis. It should also assume some annual supervision of its management, in order that a surety to the profession may exist that its financial status is maintained at par, and that its equipage may be kept in a condition of respectability. Its faculty ought also be made a matter of supervision, in order that some standard of excellence in its curriculum and the personnel of its faculty may be assured.

Such important matters as these ought not to be left to chance, or the caprice of one or two individuals who may or may not be fitted mentally and morally for the task.

The profession generally ought also to be appealed to, to send students to no institution which has not thus been inspected and found reliable. In this way undesirable colleges can be prevented from existing, and no inducement will prevail for new ones of the kind to spring up.

Upon the solidity and permanency of our colleges depend, in great measure, the permanency and respectability of our school of medicine; and inasmuch as we seldom are able to obtain any aid from the state, as is frequently the case with the dominant school, these elements can be attained only by our own unaided efforts. It is time, considering the age we live in, to see to it, as a profession at large, that the fountain does not pollute the stream.

This article is not written for the purpose of making any fling at existing colleges. The writer is not aware that any of them are lacking in any way. However, new colleges are every now and then talked of, and projected on paper, and it seems time that we give some thought to our future in this respect, that the disasters of the past, which have attended so many of our colleges, may be somewhat avoided in the future. That all our schools will withstand the pressure of adverse circumstances would be a Utopian scheme; but that the majority of them may, should be and doubtless is, the wish of every true Eclectic.

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### RADEMACHER'S ORGAN REMEDIES.

By A. A. Ramseyer, M. D., Salt Lake City, Utah.

[Concluded from page 342.]

It is possible to relieve or diminish a sympathetic affection by acting upon the organ which is sympathetically affected, but the relief is of short duration, and in most cases success does not crown our efforts. Hence a remedy which removes the sympathetic affection of the kidneys by curing the primarily affected organ, is very valuable. But this water must not be given in too large doses. Half a spoonful four times a day, given in water, is quite sufficient. If it be given in larger doses, its beneficial influence on the kidneys can not be seen so well, as when it is given in the moderate dose indicated above, or in even smaller dose.

This remedy can cure not only dropsy, but other chronic liver affections which appear under varied forms. But an experience of

ten years has taught me that the particular morbid condition of the liver for which the quassia water is a sure remedy, does not reveal itself through any distinct signs; and further, I am satisfied that other acute abdominal diseases run into these chronic liver diseases.

As this quassia water is an important remedy, hardly to be replaced by other drugs, I will state its exact, though simple preparation.

Take thirty-two ounces of good quassia wood and eight ounces of quassia bark, cut and triturate it all as usual, put it in an alembic, pour a sufficient quantity of water on it, together with ten ounces of alcohol, let it macerate for 48 hours, and distil from this 80 ounces of fluid. This water has no bitter taste, but rather a peculiar taste and smell, so that any one who has smelled and tasted it once will be able to distinguish it from all other distillations for a long time afterwards.

#### CELANDINE. CHELIDONIUM.

Up to the year 1827 I did not think much of this hepatic remedy, because in my youth I had seen it used in jaundice without benefit. Again, in the first third of my medical practice cases of jaundice were very rare, and those occurring were so light that a little quicksilver, or the moderate stimulation of a laxative sufficed to remove them. But in the latter end of the fall of 1827 a strange fever appeared, which mature examination showed me to be a primary affection of the liver. But it would embarrass me, were I forced to mention the signs by which this liver affection could be distinguished from other hepatic affections.

These fevers began with mixed chill and heat and this condition continued an extraordinary long time, sometimes as long as two or three days. The headache was moderate and disappeared spontaneously during the first days; in its stead there came a dizziness which is not an uncommon forerunner of bilious and brain fevers. I can remember only two patients who had a severe intolerable headache as in brain fever. The pulse was not very quick, but had the same character as the common fevers devoid of danger; only a few had an irregular pulse. The thirst was moderate, the tongue was not coated, and had at most a slight white tinge in the middle. No pain, no anxiety in the praecordia; in very rare cases a slight pain in the hepatic region could be elicited. Affections of the lungs were very rare and were only present with painful, but trifling hepatic troubles. I noticed in many patients an involuntary sighing (in order to notice it, let them alone, do not talk with them). It is an important symptom which not seldom betrays hidden abdominal affections. There was no bitter, sour or nasty taste, no eructations, no nausea, and in the



very rare case that a patient complained of bitter taste, this condition was removed in twenty-four hours by the use of some soda, and its removal did not have the least effect upon the general condition.

The urine was not always the same; in some it was somewhat yellow, and not clear, yet not turbid, in others it was clear, and of the color of gold, as is generally the case in slight affections of the biliary ducts. The bodily strength was not much impaired, not even in the further course of the sickness, except a few people who could not sit up in bed. The skin was neither dry or moist; in some a sweat broke out from time to time without the least beneficial result. The color of the face remained the same in some; in others it was dirty as is the case in slight affections of the biliary ducts.

The paroxysms of the fever were irregular; they manifested themselves by the disquietude of the patient and an increased volume of the pulse; the remissions were characterized by a decrease of the volume of the pulse, not by the decrease of its rate.

It is not possible to describe minutely the course of this fever on account of its irregularity; it lasted from three to twelve weeks, and some symptoms appeared in the beginning, some later; in short they were so variable that it will probably be best to mention them singly. They were as follows:

Subsultus tendinum was frequent and not seldom occurred in the first five days already. Dryness of the tongue was frequent, but not lasting; to-day the tongue would be dry, to-morrow, moist, dry again the next day, etc. Delirium often appeared the first week, but was not lasting, as a rule. Diarrhea was very frequent, so frequent indeed that its absence could be considered the exception to the rule. It appeared early, sometimes the sickness started with this symptom, and in some rare cases it was the forerunner of the disease; in most cases it lasted till the patient recovered. The excrements were mostly of a light yellow color, like those of a child; but in some cases they were brown. I know of none that passed gray or white excrements. But the most remarkable symptom of these fevers was the involuntary passage of stools, which was not the case with all those who suffered of diarrhea, but very many, and then it was not continuous but intermittent, one day they soiled the bed, the next day they remained dry, etc.; no periodicity could be discovered in this intermittent, disagreeable symptom. The diarrhea was entirely painless; there was not even present the usual warning which is felt in the abdomen of every healthy person.

Stupor was present with some. Pulmonary troubles, and cough were rarely present. In the subsequent course of the disease many

patients (but not all by far) had abdominal pains which were sometimes so severe as to make the physician anxious for the life of the patient.

For a whole year previous to this fever another one had been prevalent, which I considered as a primary affection of the pancreas and soon cured with iodine. As both fevers were pretty much alike at the start, I first became aware of the unknown nature of this last one through the inefficacy of the iodine. I then knew beforehand that I did not have to deal with the pancreas. The lack of all signs pointing to a primary affection of the spleen or of the intestines, together with the really faint and extremely problematic signs which pointed to a liver affection, forced upon me the thought that I had to deal with a hepatic\* disease of a peculiar kind. Since the gold colored urine in many patients pointed to a slight affection of the biliary ducts, I employed my old tried remedy, *nux vomica*; but although I descended from moderate doses down to the smallest, it only provoked diarrhea or aggravated it when it was present. During the recovery, when the bilious urine pointed to an ordinary affection of the biliary ducts (as was the case with a few patients), *nux vomica* did excellent service, and the lingering recovery made rapid progress. This remark that the affection of the biliary ducts could accompany the unmistakable amelioration could not but impress upon one the thought that the seat of the disease was in the interior of the great organ, which we perhaps know so little about. The quassia which had rendered such excellent service two years before, did not help any. I tried calomel on one patient; it made him worse. I will not weary the reader with the recital of my useless experiments; it is enough to say that of all diseases I have lived to see, this one gave me the greatest trouble to understand it. I was upon the point of giving up my investigations, and of necessity to assume the disgusting role of the medical routinist when a faint remembrance came to me of celandine having been used in olden times against malignant, pestilential fevers. After mature reflection I thought that possibly *chelidonium* might be the remedy for our fever.

As I am no friend of extracts, since in this form we can hardly expect of many remedies uniform effect, I used a tincture made from the juice. This tincture accomplished all that can reasonably be expected from a real remedy. From a causal estimate I judge that the troublesome disease was cured, that is thoroughly cured, in one

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\* All the above symptoms point to what we now call typhoid fever, but not known as such when Rademacher wrote this chapter in 1820.

third of the time which it took nature to cure it, which natural cure was often imperfect.

The effect of the tincture of celandine was such that many bad symptoms which had made their appearance in the first days already, or were present when I was called, could not be entirely removed; among these was the diarrhea. Nothing decisive could be done against the diarrhea, which was a sympathetic affection, without aggravating the main disease itself. When there was no diarrhea one drachm of celandine tincture in twenty-four hours was the proper dose, which mixed with eight ounces of water and a little gum arabic, and given in spoonful doses every hour, exerted the most beneficial effect. But when there was diarrhea, the dose of celandine tincture had to be lessened.

One scruple of tincture mixed with one ounce of gum arabic, three drachms of poppy oil and eight ounces of water, in spoonful doses every hour, stopped the diarrhea entirely, or diminished it very much. In rare cases, where the remedy did not stop it, I let it run its way, as it must any way disappear when the primary affection was healed. In general, the sympathetic diarrhea in primary affections of the abdominal organs and of the brain and the spine is not so very dreadful\* when the affection of the whole system (the fever) is purely sympathetic and therefore the whole system is in a state of indifference.

Such sympathetic diarrheas must not be confounded with those which accompany certain primary affections of the whole system, and indicate that these primary affections really have their seat in the intestinal canal. Such a diarrhea is not only a sign of increase of the primary affection, but it is also an evil which aggravates the primary affection, thus, logically speaking, creating a vicious circle between cause and effect, the primary affection of the whole system causes the diarrhea, and this again is the cause that the primary affection increases in gravity; the physician is not surprised to see his patient lie senseless and stupid, and it is then prudent to interfere, if we don't want to risk his life. But later on I shall say more about the different diarrheas.

One more word about the sympathetic pectoral affections which

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\*The above was written in 1829. Yet the sympathetic diarrhea as a symptom of an increase of the affection of the primary organ, retards the convalescence more or less, and the best way to cure it is to administer the remedy for the primarily affected organ in much smaller doses than I did in 1827. More will be said about small doses further on,—(Rademacher's note written in 1836)

sometimes accompanied this fever. They manifested themselves by moderate pains in the side, short breathing and anxiety. The usual dose (one drachm Tinct. Chelid. in twenty-four hours) aggravated these symptoms so much that in one case I was obliged to put the tincture away, and to give a decoction of *carduus marianus* seed, which stilled the symptoms. Well knowing that I could not remove the disease with *carduus marianus* seed alone, I added to this decoction one scruple of celandine tincture, with excellent results, and I afterwards found out that in sympathetic affections of the lungs as well as in sympathetic diarrhea one scruple of celandine tincture, divided in hourly portions, is the highest dose which can be given with benefit in twenty-four hours. In general, we must not be too liberal with the celandine, if we wish to see its real beneficial effect. I once tried with it to provoke diuresis in a decrepit old man who was suffering of dropsy, originating in the liver, but without jaundice. I could not attain the desired effect, until I diminished the dose of the tincture to a half scruple a day, and divided this half scruple in small hourly portions.

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### STRABISMUS, OR SQUINT.\*

By J. W. White, M. D., Wheeling, W. Va.

The word "strabismus" is of Greek origin, and means, to squint. This is the loss of balance of the ocular muscles, so that when the visual line of one eye is fixed on an object, the other deviates more or less from it.

The eye may deviate in any direction, but the chief varieties are convergent, the eye deviating inward; divergent, the eye deviating outward; sursumvergent, the eye deviating upward; and deorsumvergent, the eye deviating downward.

The convergent variety represents about 87 per cent. of all cases, the divergent about 12 per cent., the upward variety an occasional case, and the downward is very rare.

The causes are: the result of errors of refraction, it may be equal or unequal in both eyes; to imperfect innervation; weakness or paralysis of one or more of the ocular muscles.

Strabismus may be confined largely to one eye, but both eyes always participate, unless it is caused by paralysis, traumatism or following some disease. Squint from errors of refraction are always bilateral, and nearly all cases affecting one eye only are paralytic.

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\* Read before the West Virginia Eclectic Medical Society.

We measure the amount of squint by instruments called strabismometers, the most accurate of which is the tropometer, invented by Stevens, by which we are able to accurately measure the amount in any direction. The deviation can be fairly well measured by a perimenter or a prism.

The convergent or internal variety is nearly always connected with hypermetropia. In hypermetropia the accommodation is constantly called into excessive action, and is always associated with increased convergence. By this increased accommodation to gain clear vision, one eye squints inward; at first it may be only when doing close work, but later becomes permanent, the internal rectus muscle becoming stronger, and the external rectus becoming weaker. The divergent form of strabismus is most frequently accompanied by myopia; the eyeball, which is long, in this variety assumes the direction of the bony orbit, which is outward; and the internal rectus, in attempting to hold it inward, as strong convergence is often required, becomes strained and weakened; this allows the eye to deviate outward. Divergence may also be caused by the sight of one eye being very defective or blind, and by paralysis or division of an internal rectus muscle. Squint often begins by occurring periodically, when using the eyes at close work, and resuming the normal position when looking at distant objects, but may soon become permanent. Diplopia, or seeing double, is often a very annoying symptom, but the patient learns to suppress the false image in the same manner that a man does when looking through a microscope with both eyes open and seeing only with one.

**TREATMENT:** In the treatment of strabismus the first thing essential is, to obtain the cause, the angle of variation, and the history of the case as to the origin. In all recent cases of functional origin, especially in children, should orthropic treatment be used diligently; that is, the forced use of the squinty eye, by covering the straight eye with a pad. By the use of stereoscopic exercises these cases should have the error of refraction corrected by the properly-selected glasses, being refracted after the use of a mydriatic. In convergent squint, the use of atropin in the eye twice a day for a month, then rest a month. This exercise and treatment should be kept up as long as the squint lessens or is cured; about one-third of all cases will be cured by this treatment.

In cases we have decided to operate upon, the question comes up, What operation shall we do? The first operation was done by Diefenbach in 1839; he did not divide the tendons, but cut through the belly

of the muscle. This operation was not satisfactory, as the posterior half of the muscle would retract too far to again attach itself to the eyeball, and the eye would squint in the opposite direction. Later, Boehm severed the tendon, then Von Graefe regulated the operation with precision, and put it on a practical basis. Simple tenotomy is, cutting the tendon close to the sclera, letting the muscle retract, and attaching itself further back. Advancement is often done in connection with tenotomy, especially in divergent cases. In doing an advancement, after preparing patient and instruments, we make an incision about one or two mm. from the edge of the cornea in front of the muscle to be advanced, dissect up the conjunctiva and Tenon's capsule along the muscle about one-half inch, catch the muscle on a tenotomy hook, and raise it up from the eyeball, insert three sutures on separate needles, now cut the tendon close to the sclera, take the middle needle, that has been left on the suture, and insert it deeply into the sclera about two mm. from the edge of the cornea; the outside sutures are inserted about three mm. from the edge of the cornea, the middle suture is tied first, then the lateral ones. The tendon of the opposite muscle should be cut, if permanent results are secured.

*Valk's method* is a practical and ingenious one, in which he shortens the longer muscle by making a knuckle or doubling it for the desired distance, and doing a tenotomy of the shorter muscle when necessary; all the thickening in the shortening soon disappears, leaving it much stronger than before. *Pana's Operation*: This is the most practical and best in a large majority of cases. It is a comparatively new method, being introduced by Pana, of Paris, in 1900. It is being done and recommended by a number of prominent surgeons in the East. This operation is always done on both eyes at one sitting, usually under a general anesthetic; but in older patients it can be done by the use of cocaine locally. In operating on convergent squint, both internal recti are cut, and in divergent cases both external recti are cut. The eye is opened up, and the muscles picked up on a tenotomy hook, as in a simple tenotomy. After having the hook around the entire tendon, the muscle is stretched until the edge of the cornea nearest the muscle being stretched disappears under the opposite canthus. This stretching must be done carefully and by a rotary movement, so as not to injure the optic nerve or blood vessels. The muscle is thus stretched two or three times, being held each time about one-half minute, the time being regulated by the angle of squint, the age of the patient, and other things bearing on the case. After stretching, the tendon is divided in the usual manner, bleeding stopped, the con-

junctiva sutured, the conjunctival sac is then irrigated; the same procedure is then done on the other eye. The effect of the stretching is to lengthen the shortened muscle, and it does not reattach itself so soon, giving the weaker muscle time to contract and strengthen before being called into use again, thus helping to establish their lost equilibrium. The results of this operation are most gratifying, restoring both parallelism and binocular vision, by correcting the error of refraction with proper glasses and orthropic treatment for amblyopia when present. The nursing consists in keeping the eye bandaged for two or three days, having the nurse apply iced cloths at intervals the first day. The eye is kept clean with boric acid solution.

Pana's operation may appear cruel, but the best results are obtained by it.

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### GONORRHEA — PROGNOSIS.\*

By R. R. Barrett, M. D., Mansfield, O.

I find that most writers on this subject do not say much as to the prognosis in gonorrhoea, and in my mind leave out very important advice the young practitioner much needs, because he is often besieged with patients suffering from this disease or its effects. One writer has said that we are often asked as to the advisability of a person so affected getting married. The frequency with which the sufferer presents himself with this question is a sad commentary upon the levity of youth, and upon the correctness of our answer the happiness of a household often depends. And often the question is not an easy one to answer. Some say that as soon as he is down to his customary morning drop all is well; others, that once a gonorrhoeic, always a gonorrhoeic; once infected, always infectious.

The broad-minded adviser will avoid either extreme and use precaution, and not be influenced by the nice stories that they may tell you, for perhaps we may yet discover traces of that symptom common to all venereal diseases (lying). While the diagnosis may always be definite, yet the prognosis must remain indefinite. We can tell a man that he is or is not infectious; but if he is now infectious, we can not tell with a certainty when he will become clean. That is a matter of immunity, severity of lesion, faithfulness to treatment, and a thousand other details, differing more or less in every individual case. We may also find that any individual catarrhal predisposition that may exist will militate against a cure by any treatment. Then, too, we may be confronted by complications of a more or less serious nature, which will

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\* Read before the North-Eastern Ohio Eclectic Medical Association;

make the prognosis harder to determine, as relapsing gonorrhoea, cystitis, chronic anterior and posterior urethritis, proctitis phymosis, seminal vesicles, the testicles, kidneys, arthritis, gonorrhoeal rheumatism, and in the female affections of the uterus and tubal and ovarian infection, followed by serious consequences. In fact, any mucous membrane may be the seat of infection. Thus summing it all up, I would say that the prognosis should be indeed guarded.

I can say and be satisfied that my experience with these cases has been limited to a very few cases, and only consented to write a little in order, perhaps, to start a discussion, that others may tell us their experience to the benefit of all. Further, I would say that I would rather dig in a ditch than have it said of me, that he is a good clap doctor. I know some fellows say it pays good. Well, perhaps it does—if we get our money. And I am sure to get it before they get anything from me. And what I say as to treatment must be based upon this limited experience.

The first thing I advise is, keep clean, and if they would, they could nearly treat themselves. The treatment is palliative, and sometimes not effective in preventing a long illness. The patient should abstain from exercise, sexual excitement and stimulating food or drink, should keep the bowels open, drink plenty of water to dilute the urine, avoid damming up the pus under the foreskin (a good plan is to wear a loose bag over the penis, with a little absorbent cotton in the bottom), and should be advised to keep hands clean after handling parts. Plenty of hot water externally and by injection. It is likely that nearly every doctor has his system of medical treatment.

Professor Wintermute told us in his lectures on diseases of women, when on this subject, the following: "In early stages to use a wash of borax three or four times a day, or carbolic acid,  $\mathfrak{ss}$ . to  $\mathfrak{oj}$ . water. Internally veratrum and gelsemium, as indicated. We must meet the conditions for burning—rhus tox., also the wash of fluid hydrastis, 4 to 6  $\mathfrak{z}$  to  $\mathfrak{z}$  iv. water, three or four times a day. Also the following for local wash: Sulphate zinc,  $\mathfrak{z}$ j; acetate lead,  $\mathfrak{ss}$ ; tannic acid, gr. xx; morph. sulphate, gr. vj; wine opium,  $\mathfrak{z}$ j; glycerine,  $\mathfrak{z}$ iiij; rose water, qs,  $\mathfrak{z}$ xij—three times a day in vaginal use.

I have used the following in tablet form put up by the Zenner Company, of Pittsburg:

Bang's injection—Glucosite of silver, gr. i; hydrastine hydrochlor., gr. i-20; lead acetate, gr. 2; zinc sulphate, gr. 2; morphine acetate, gr. i-20. Use one tablet in two ounces of water as an injection.



Internally the following : Hayden's gonorrhea—methylene blue, gr.  $\frac{1}{2}$ ; oil santal, gr. 1; balsam copaiba, gr. 1; ext. kava kava, gr. 1; potassium bicarb. gr. 2; atropine sulph. gr. 1-500.

Dose: One to three tablets every three hours during the acute stage.

This combination renders the urine bland and unirritating, and has an immediate sedative action on the inflamed tissues.

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### HEREDITARY SYPHILIS.\*

By A. L. Swartzwelder, M. D., Cleveland, O.

A child may inherit syphilis from both parents or either separately. If both parents are syphilitic, the child is usually, but not invariably so. The symptoms, however, are not more severe than when the inheritance is from one parent only. The likelihood of transmission depends upon the stage of the disease in the parents. If both are suffering from secondary symptoms, transmission is almost certain. If active treatment has been employed for several months, if the child is born at a period when no active symptoms are present, it will likely escape.

Syphilis may be inherited from the father alone. In this case the disease is probably communicated directly from the semen to the ovum.

It is more likely to be transmitted from the father than the mother. It is possible for the father to communicate syphilis when active symptoms are not apparent.

It is certain that syphilis may be transmitted when the mother alone is diseased, as is shown by cases where women who have acquired syphilis while wet nursing infected children, and have subsequently born syphilitic children.

The chances of a father conveying syphilis to his child is greater than the mother. A previously healthy mother who bears a syphilitic child with mouth lesions can not be inoculated by her child, but a wet nurse can acquire the disease. The lesions of syphilis are many, leaving untouched no organ to which the blood stream is carried.

The liver becomes enlarged with obliteration of some of the portal and hepatic vessels.

There may be syphilitic miliary syphilomata in various parts of the liver structures. The color is usually yellow or gray.

The spleen is enlarged and may show syphilitic deposits.

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\* Read before the North-Eastern Ohio Eclectic Medical Association;

As to the lungs there may be fatty changes in the epithelium of the air vesicles, and show also interstitial pneumonia.

Lesions of the larynx are also frequent.

The nasal mucous membrane shows chronic catarrhal inflammation.

Later the periosteum and cartilages of the bones of the nose may be affected.

The nervous system shows marked changes, resulting in hydrocephalus or meningitis from syphilitic deposits. The digestive system is not much affected, but the pharynx, which results often in ulceration, is a seat of trouble. The genito-urinary organs generally are affected, resulting in interstitial nephritis with or without gummatous deposits.

These are some of the various lesions following this dreaded disease from one generation to another.

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### BAPTISIA TINCTORIA.†

By Geo. M. Hite, M. D., Nashville, Tenn.

*Baptisia tinctoria*, or wild indigo, as it is familiarly known, is indigenous to all parts of the United States, growing in dry waste places, especially in outside hard soil along roadsides, and old wood yards that are outside. Has a stem one to three feet high, flowering in July and August, the flower being yellow; pods bean-shaped, coriaceous (leathery), and contain many seeds. For a more extended botanical description and history of this valuable remedy I will refer you to some Eclectic work on materia medica and therapeutics.

The preparation of *baptisia* used by the Eclectic school of medicine is the specific medicine made by Lloyd Brothers. The dose, in order to obtain its specific effect, must be quite small, say 3 to 10 drops to 4 ounces of water; dose, teaspoonful from one to three hours apart as the case may demand. Usually the minimum dose yields much the best results. In fact it is frequently the case that only the minimum dose will give the specific *baptisia* effect. This we should remember if the maximum dose does not yield the specific result. Several clinical observations of this character have come under our personal experience. Besides, in making use of the maximum dose, we may not only fail in getting the specific effect, but we are liable to provoke nausea and vomiting, or an undesirable and troublesome diarrhea, especially if our case be one of typhoid fever, typhus mesenterica, or gastric ulceration.

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† Read before the Tennessee Eclectic Medical Association.

The specific indications for baptisia are dark or purplish mucous membranes of the mouth, tongue dusky, or dry and thin, with dark coating; dusky, full face, looking like one after being a long time exposed to severe cold air, the pulse small, and oppressed with feeble peripheral circulation. We desire here to reaffirm an old Eclectic specific medication axiomatic principle, that it matters not what nomenclature we may have, by which to designate the totality of the disease. If any of the above specific indications be present, baptisia, in medicinal doses, will not disappoint us. If we persist in its administration as long as the indication continues, and if we are not realizing results as promptly as we have reason to expect, instead of increasing the dose, as we are apt to falsely reason is necessary, we must, in the baptisia case, most always reduce the dose in order to obtain the specific curative effect. We have obtained positive results from the minimum dose of two or three drops to one-half glass of water, teaspoonful every one to two hours, where the maximum dose of 10 to 20, in the same amount of water, failed entirely, or was producing actual harm. In this respect baptisia is the analogue of viburnum prun., which usually yields its best results in the minimum dose.

The diseases in which baptisia is most liable to be indicated are typhus and typhoid fevers, puerperal septicemia, pyemia, empyemia, pneumonia in second and third stages, angina diphtheritica, tuberculosis, cancer, — pancreatic — glandular organs, especially the liver, perhaps not primarily, but relatively, which action we have observed a number of times. However, we must base the administration of baptisia in any disease alone upon its specific indication, when it will not disappoint the most sanguine, especially if our hope itself is not deceptive, but is made up of its true component parts, which are expectation as well as desire.

Our desire is that this brief paper shall be sufficient to evoke a discussion that will be both interesting and profitable.

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## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By Harvey Wickes Felter, M. D., Cincinnati.

[Concluded from page 389.]

The Faculty of 1859-60 was changed somewhat by the resignation of Professor Bickley, and the appointment, in his place, of Dr. Charles T. Hart, to the chair of Physiology and Medical Jurisprudence, and the transference of Dr. Z. Freeman to the chair of Surgery, and Dr. R. S. Newton to the chair of Practice and Pathology. Dr. Edwin Freeman, still holding the position of Demonstrator of Anatomy,

was appointed to the position in which he served so long and so well—the chair of General, Special and Pathological Anatomy. Dr. Powell, who became estranged from the Institute, was now dropped by the Faculty, and later in the year the name of Dr. Baldridge was also erased from the list.

Up to August, 1859, the Institute had graduated 851 physicians. Five out of the seven professors in this year were graduates of the Eclectic Medical Institute, and all in active practice of medicine, except Professor Jones. Newton's Clinical Institute, which had been conducted for many years by Drs. R. S. Newton, O. E. Newton and Z. Freeman, was still in operation at Sixth and John Streets, and afforded abundant clinical instruction for the students. Dr. Kost's "Materia Medica" and Dr. Wm. Paine's "Practice of Medicine" were added to books recommended for study.

The Faculty, as reconstructed for 1860-61, stood: H. D. Garrison, M. D., Chemistry, Pharmacy and Toxicology; L. E. Jones, M. D., Materia Medica, Therapeutics and Medical Botany; Charles T. Hart, M. D., Physiology and Medical Jurisprudence; Zoheth Freeman, M. D., Surgery and Surgical Practice; J. M. Scudder, M. D., Theory and Practice of Medicine, and Pathology; R. S. Newton, M. D., Clinic Medicine and Surgery; Edwin Freeman, M. D., General, Special and Pathological Anatomy; John King, M. D., Obstetrics and Diseases of Women and Children; A. J. Howe, M. D., Demonstrative Anatomy and Surgery; W. Sherwood, M. D., Emeritus Professor of Practice and Pathology.

Among the Eclectic text-books now recommended were: *Chemistry*—Gregory's, by Sanders; *Materia Medica*—Jones and Scudder, Coe, Bickley, "American Dispensatory"; *Theory and Practice*—Newton and Powell, Jones and Sherwood, Paine, Beach; *Surgery*—Syme's, by Newton, Hill; *Obstetrics*, etc.—King, Scudder, Beach.

The total number of students to the close of the session of 1859-60 was 3,071; graduates, 922. During the first seven years of the College, when it was comparatively obscure, and with higher fees, the number of students was 1,266; the graduates, 316. In the succeeding eight years, when the Institute was extensively known, when great efforts were made to secure students, and when under low fees, varying from \$15 to \$40, the number of matriculants was only 1,805, and the graduates 606. This condition was taken as very good proof that the system of free education was a disadvantage to the Institution, and that low fees "open the way into the profession for many persons who will never, under any circumstances, benefit themselves or the profession." Furthermore, it was felt that the Faculty, after

devoting time and labor for the benefit of the students and graduates for eight years, almost for nothing, after deducting expenses of the College, should be remunerated for their services. Therefore, the Board of Trustees in 1860 raised the fees to \$85 per session, and allowed the graduation fee of \$25 to remain as before.

In the winter of 1861 the Eclectic Dispensary of Cincinnati was organized and went into full operation "to furnish clinical facilities of a high order to the College—to thoroughly analyze the action of new remedies, and to furnish a school of instruction in practical medicine to such students as wished to avail themselves of its privileges. This was held in the College building at 2:30 p. m., daily. The Medical Board for 1861-2 was composed of Drs. H. D. Garrison, Attending Physician; Edwin Freeman, Attending Surgeon; John M. Scudder, Consulting Physician; Z. Freeman, Consulting Surgeon; and John King, Consulting Obstetrician.

In 1862, despite the war and hard times, the College management showed no signs of despondency, although students were growing fewer, and the decreased income, together with previous bad management, threatened the very existence of the school. However, the fees were reduced to \$60 per session, to correspond with the financial depression of the country. A certificate of scholarship was also given entitling the holder to attend as many lectures as he desired previous to graduation, upon prepayment of \$100. Such an inducement enabled the student to spend a greater time in the school, if he so desired, than if he were to pay only for single sessions—a point in favor of a better and more thorough medical education. Students were also now admitted to the lectures in the Commercial Hospital on the same footing as students of other medical colleges.

The year 1862 marks an epoch in the career of the Institute. Changes occurred which gave it a new existence. The financial management had been wretched, and out of it, and the jealousies and bickerings of the Faculty, had grown most all of the College troubles.

It was the "dark year" of Eclecticism. The *Journal* had died six months before, and must needs be resurrected. The old Institute had the feeblest of classes, and many of our physicians almost lost hope. But the old maxim held good, "The gods help those who help themselves." Besides this, every effort was made to prevent Eclectics from holding the positions of Assistant Surgeon and Surgeon in army, and thus, in this manner, aid in crushing Eclecticism. Professor Scudder now took the helm and applied business methods. The College was to be improved and an additional building erected alongside of it for clinical purposes. Dr. Scudder devoted the greater part of his time to the College and the *Journal*, which had been purchased

and revived by him, as editor. Relying upon the abiding interest which he knew existed in the hearts of the matriculants and graduates of past sessions, he confidently forged ahead, and soon the College started anew upon the career which has since made it famous throughout our land. The *Journal* became a power, the College prospered, and the Eclectic physicians again viewed with pride the noble institution which had passed through so many ordeals. The College now had the largest classes of any medical college in the city (all schools in the city now had small classes), and had up to 1862 matriculated 3,286 students and graduated 1,002. Eclecticism was steadily gaining ground, and it was estimated that there were not less than 5,000 Eclectic physicians in the United States.

Owing to the excited state of the public mind on war topics, no public Commencement was held in 1863. Therefore, on February 9, 1863, Vice-President Wm. S. Merrell conferred the degrees upon a winter class of thirteen in the halls of the Institute. A spring class of nine graduated May 23d. The Faculty of 1863-4 was as follows: John King, M. D., Obstetrics and Diseases of Women; L. E. Jones, M. D., Materia Medica and Therapeutics; John M. Scudder, M. D., Pathology and Practice of Medicine; Z. Freeman, M. D., Surgery; A. J. Howe, M. D., Anatomy and Demonstrator of Anatomy; J. F. Judge, M. D., Chemistry and Physiology. The same Faculty served in 1864-5. During 1864 Scudder's "Practice of Medicine" appeared, and at once became popular with students and practitioners. Though the prospects for a large class were somewhat interfered with by the "draft" of students into the army, the class for this year numbered 119. The College now possessed great advantages. It was the parent Eclectic school; its professors had furnished nearly all of our medical literature, and were regarded as the exponents of the new system of practice; it was secured by a State charter, and therefore its degrees were conferred by the law of the State; it had owned its own College building for seventeen years, and was now *out of debt*; it was thoroughly equipped with facilities for teaching, and had a large and excellent library; and its Faculty was composed of skilled teachers whose names were household words with Eclectics. The "American Dispensatory," by Professor King, newly rewritten, now appeared, and added materially to the strength of our literature. Increased classes marked the sessions of 1865.

The prospects for 1866-7 were a cause for congratulation. The College, in its twenty years of existence, had annually, with three exceptions, the largest classes of any medical college in this country, an average of 187 each year. Our literature (except in anatomy) was fast becoming complete and voluminous. Of the earlier laborers in

the field, only two remained in the College—Drs. Jones and King. The College had outlived and had purchased the material and cabinets of five different medical colleges that had had short careers in the city. During 1866 Professor Scudder brought out his work on “Inhalations,” and a new revision of Hill’s “Surgery” appeared. The promised addition to the College of a building for clinical purposes and to accommodate the increasing classes was made during 1866, giving the College a whole frontage of 90 feet on Court Street and five stories, or 53 feet in height. More students were in attendance than at any time since 1858—the class numbering 189 students. Cholera now broke out in the city, and it had its effect upon attendance, but the management made arrangements for such as left the city temporarily to attend the spring term.

In 1867 two remarkable books were published by members of the Faculty—“Principles of Medicine,” by Professor Scudder, and the encyclopedic “Chronic Diseases,” by Professor King. Having commenced the investigations which led to the evolution of the doctrine and practice of specific medication about 1859, when he advocated the special sedatives, and made them prominent upon taking the chair of Practice, Professor Scudder now speaks editorially of direct or *specific* remedies and specific medication. In April, 1868, he announced his intention to bring out a work on “Specific Medication,” and asked for data and contributions of facts from practicing physicians. In September, 1869, Professor Scudder began, in the *Eclectic Medical Journal*, the series of articles on Specific Medication, which gave him enduring fame. This series continued through the issues of 1869 and 1870, and was afterward republished, in book form, under the title of “Specific Medication and Specific Medicines”—a book that marked an innovation in medical art and science, and was widely read by practitioners of all schools of medicine. It has had a remarkably large sale.

On the night of November 20, 1869, a calamity befell the College, the *old* College building being partially destroyed by fire, through a defective flue, the roof and fourth story sustaining the bulk of the damage. A hall was at once secured by the energetic Dean, but one hour of lectures having been lost. On December 2, 1869, lectures were resumed in the newly repaired Institute. Professor Howe’s work on “Fractures and Dislocations” now appeared, and was well received by the profession. The year 1871 was distinguished by the announcement that a new College building would be erected, adjoining on the north the old Institute, and fronting on Plum Street. The edifice was to be 38 by 90 feet, and 68 feet to the top of the mansard roof,

and 90 feet to the top of the turret, from which for many years the banner with the legend "Eclectic" has waved, 125 feet above the street. It was to have an imposing Ohio freestone front, a fine entrance, two lecture halls, 70 by 30 feet, and 20 feet to the ceiling; the fourth floor was to be furnished with a large and well-equipped dissecting-room. This promise was redeemed during the year.

The fifth day of October, 1871, was a gala day for the Institute. The new College building was completed and dedicated on that day to Eclectic Medicine. Over 300 physicians, the largest Eclectic gathering ever held, came from all parts of the country—some a thousand miles—to participate in the christening of the new home of their old *Alma Mater*. At 10 A. M. Professor Judge, in one of his best *extempore* addresses, welcomed the visiting physicians. An Alumni Society was organized, with Dr. M. L. Thomas (father of Professor R. L. Thomas, and Preceptor of Professor Scudder), of Harrison, Ohio, President; and Dr. Frederick J. Locke, of Newport, Ky., Secretary. Professor Scudder addressed the Alumni Society in an eloquent and characteristic manner. In the afternoon the Ohio State Medical Association held its session in the building, an able address being delivered by Professor Stephen Hollister Potter M. D., of Hamilton, O. The Dedicatory Services were held in the evening, the Rev. Dr. Mayo opening with prayer; Wm. S. Merrell, M. D., as President, made the Announcement Address; the Dedicatory Address was then delivered by Professor John King and an original poem was read by Professor A. J. Howe. The audience then adjourned to the large hall destined to be the dissecting-room, where refreshments were served, and sentiments and speeches were made the order of the evening. Altogether, it was an enjoyable occasion, and a very fitting baptism of the new building in this silver wedding of the Institute. To add to the interest of the occasion, the great Industrial Exposition was in session in the city, and the Tyler-Davidson Fountain, one of the finest art works ever brought to this country, and the pride of Cincinnati, was dedicated.

The Faculty of 1871 was made up of the following: John King, M. D., Obstetrics and Diseases of Women; L. E. Jones, M. D., Materia Medica and Therapeutics; John M. Scudder, M. D., Pathology and the Practice of Medicine; A. J. Howe, M. D., Surgery; Edwin Freeman, M. D., Anatomy; Z. Freeman, M. D., Clinical Medicine and Surgery; J. F. Judge, M. D., Chemistry and Physiology; Jerome P. Marvin, M. D., Demonstrator of Anatomy.

[ To be continued.]



# **Ohio State Eclectic Medical Association.**

**PROCEEDINGS ANNUAL MEETING, 1907.**

**W. N. MUNDY, M. D., EDITOR.**

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## **SECTION I.**

**SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION.**

**T. D. HOLLINGSWORTH, M. D., CHAIRMAN.**

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### **CERTAINTIES IN MEDICINE.**

**By Lyman Watkins, M. D., Blanchester, O.**

When we come to investigate the subject it is evident that we have remedies upon which we may depend for results with as much certainty as ever befalls vacillating human conditions. Even the extreme medical nihilist will concede that there are certain drugs from which we may confidently expect action. For instance, no fact is so well known or so generally accepted, both by the profession and by the people, as that castor oil is a cathartic. This agent is used very largely, although somewhat indiscriminately, in almost every clime and by every race. We administer castor oil when we desire an easy, unirritating alvine discharge and a constipating reaction. Time would fail me and exhaust your patience to repeat the well known conditions calling for castor oil in dysentery, typhoid fever, gastric and intestinal disorders, in the affections of infancy and in many states of constipation and alimentary pain. However, oleum ricini, just ordinary castor oil, may be regarded as a certainty in medicine.

Sulphate of Magnesia, another certainty, widely known everywhere, and used both alone and in combination, is a most valuable drug. Entire volumes have been written upon the action of this one remedy. Sulphate of magnesia is a hydragogue cathartic and rarely fails to produce results. Whenever a brisk, large, watery discharge from the bowels is indicated, sulphate of magnesia may be given. No other remedy will so quickly pass onward the load of an engorged stomach or arouse dormant intestines to thorough action. The "next morning" headache and the dark brown taste can be readily eliminated by an effervescent preparation of magnesia sulphate. The many different applications of this remedy in surgery, obstetrics and in practice where its certain action is implicitly relied upon, can not be repeated at this time nor is it necessary, for the therapeutic action of magnesia sulphate is well known both to professional and non-professional. This remedy may be classed as a certainty in medicine.

The statement that morphia is almost universally relied upon to relieve pain will assuredly not arouse the ire of the medical nihilist. Yet this agent is a drug and one with which we could hardly, at times, dispense. While we stand ready to admit that this remedy may be too frequently used and with disastrous results, still there are few other agents that will bring such blessed relief to those who are the victims of agonizing and incurable diseases and those cases in which the only aid we can offer is surcease from pain.

Quinine is a certainty in malarial diseases, and although it may occasionally fail, this may be rather the fault of the physician than of the drug. Any remedy is uncertain if used improperly. Quinine is one of the factors of colonization and civilization. The conquest of malarial countries would be impossible if it were not for this drug, at least until the anopheles is exterminated. Quinine helped to populate and cultivate the soils of Indiana and Illinois in the days of early settlement and is now the constant side partner of the foreigner in Panama and Luzon.

Alcohol as a stimulant is a certainty. Ether, chloroform, cocaine and the anesthetics general and local, are all certainties and our nihilistic friends, the surgeons, would throw up their hands in despair if deprived of these agents. Still they are drugs, and their use, so popular and necessary, completely contradicts the statement of "nothing in medicine."

There are no medical nihilists, they are laboring under a delusion, they just think so and no louder wail would be heard than from those very nihilists if all drugs were to be destroyed or banished. The medical nihilist has no use for the medicines of the other fellow but his own pet drugs are a necessity. Whenever he gives the baby a dose of paregoric for colic he shows his belief in drugs, and, in fact, a belief in the efficacy of medicine as a part of the education of the race.

But passing from the domain of these well known remedies each of which is a standing rebuke to medical nihilism, let us extend our investigations farther and inquire if there are not other certainties in medicine besides these agents aforesaid which are all well known and generally accepted.

Every remedy has its indications, and, if results are to be obtained, must be administered in accordance with, and for special conditions. For instance, aconite is a sedative when the pulse is small and frequent and the temperature of the body elevated. It does not matter what the disease, aconite is a certainty with the indications and only then. Aconite may be called for in a large number of morbid states and is especially the child's remedy.

Another certainty is *asclepias*. This remedy is indicated in deficient secretion from the skin as a diaphoretic and in pulmonary irritation. As a diaphoretic it has no excessive action but increases insensible perspiration, and is a good companion for *aconite*. We find a field for *asclepias* in pulmonary irritation and use it with confidence in pneumonia, pleurisy and capillary bronchitis. In pleurisy it may be combined with *bryonia* and *aconite* if these are indicated. There is also a useful place for this drug in combination with *drosera* in the cough sequel of measles. *Asclepias* is not a pain reliever, such as opium or chloral, but, in pleurisy, by removing the cause of irritation it acts as such. *Asclepias* has a limited sphere but within this it can be regarded as reliable.

*Bryonia* never fails to give the anticipated result when indicated. The indications are pain and inflammation in serous membranes. Pain in serous membranes is the one essential for *bryonia*. At a glance we can see the large number of conditions which call for this remedy. Pleuritis, synovitis, peritonitis, pericarditis, and meningitis may all be relieved by *bryonia*. If we do not obtain results it is not the fault of the remedy but rather due to an insufficient realization of the pathological state.

*Cactus* is another certainty. *Cactus* is a heart remedy but not a drug that will cure organic heart disease. Here the statement may be made that many good medicines are brought into disrepute by over praise, and in the case of *cactus*, some of its over-enthusiastic friends have lauded this remedy beyond reason, and many who have tried it have been disappointed. Like all specifics, *cactus* is adapted to certain conditions and it is only when we have the indications that we will obtain results. The field for *cactus* is that of nervous affections implicating the heart, such as reflex palpitation, an excitable heart, a heart prone to run away with but little provocation; tobacco heart; cardiac palpitation of the menopause; irregular heart and a heart the pulsations of which are abnormally slow. It requires but little thought to discover that nervous influences proceeding from the sympathetic and cardio-inhibitory centres are the range of morbidity controlled by *cactus*.

*Pulsatilla* is an exact remedy when given in certain conditions. The indications are irregularity of the menstrual period with pain of a mild nature on pressure in the ovarian region, the patient is not anemic but inclined to be adipose. The symptoms are those of a disturbed nervous system, groundless fears, hot flashes, melancholia and various hysterical manifestations, especially during the menopause. But all nervous phenomena are not confined to the female sex and

some men are just as "hysterical" as a woman can ever hope to be. Pulsatilla is a good remedy for men who overwork and are prone to regard their afflictions with much needless concern. They are unnecessarily alarmed in regard to their physical condition, although otherwise of strong mind. Pulsatilla is a fine remedy for this diathesis and will bring comfort both to patient and physician.

Podophyllin gives its best results in small doses. It is a powerful remedy and a useful one when indicated. One word, "sluggishness," will answer for the indications. Sluggish bowels, sluggish liver, sluggish skin, sluggish brain and sluggish circulation all call for podophyllin. On the other hand much harm may be done by administering this drug when inflammatory conditions present; when the intestinal tract is irritable and when the liver is overactive; but when the stools are light colored the urine high colored, the skin jaundiced, the pulse slow and the mind dull, podophyllin will act like a charm in relieving the patient. In these cases we give podophyllin  $\frac{1}{8}$  gr. pill. three times daily for two or three days, then expedite matters with magnesia sulph. Podophyllin is adapted to that uncertain condition called "biliousness" which is, in fact, ptomaine infection caused by slow digestion and a good appetite gratified without reason or judgment. These patients feel badly and are subject to headache, constipation, uric urine and sallow skin. What such individuals need is a course in dietetics and physical culture. However, Pod. 1-10 gr. pill. once or twice daily will keep them feeling fairly well for a while and yet allow them to indulge in gastronomic excesses. In eczematous eruptions, usually occurring upon a muddy skin and a dirty, yellow pasty coat on the tongue, Pod 1-10 gr. trit. three times a day will prove curative. The medicine acts by cleansing the intestinal canal and removing deleterious matter which is otherwise taken up and deposited in the skin. While we are inclined to think that we have other and better remedies for chronic constipations, yet, when the very young are habitually sluggish in the bowels, we find that minute doses of podophyllin, about 1-100 gr. three times daily, will, in a few weeks, help this condition. Podophyllin is a good remedy for habitual sick-headache given in 1-10 gr. tab. and persistently for a month or two.

*Gelsemium.* There is no uncertainty in regard to the action of gelsemium in active hyperemia, especially when this is of the cerebral form. Some of the indications for specifics may have varied through time and experience but those for gelsemium remain as at first, bright eyes and suffused, flushed face, contracted pupils and increased heat of head. With these symptoms gelsemium can be trusted. Gelsemium

is called for in a number of strictly nervous conditions and will afford relief.

Chimaphila is a good remedy in the cystic irritation of old men. The kind that causes them to arise frequently in the night for urination and the stream is slow in starting. There are two precautions to be regarded in giving this remedy. One is that the dose should be large, from a half to a teaspoonful of the specific medicine; the other that the preparation should be a year or more old. Why this is true is not clear but experience teaches that old chimaphila gives the best results. Chimaphila may be a diuretic but has never proven of value in that respect in our hands.

Chionanthus in teaspoonful doses every three or four hours is a hepatic stimulant. It will relieve jaundice of a functional rather than a structural origin. Chionanthus will not cure when there is organic lesion causing obstructive jaundice, nor will it have any perceptible good results in cirrhosis of the liver. It is only in those cases where there is general apathy, drowsiness, constipation and dull pain in right hypochondrium that chionanthus will do good. Given in such cases it should be persisted in in gradually increasing doses until results are obtained. Chionanthus will not cure all diseases of the liver. We sometimes expect too much from our remedies when in fact their fields of usefulness are limited. If a remedy will do one thing well and do it every time, that is all we ought to ask.

Tr. Oil Cinnamon is a direct stimulant to vaso-constrictors and will check hemorrhage from nose, uterus, kidneys or bowels when given in small doses frequently repeated. This remedy has never been used as much as it deserves, mostly because it is such a common remedy that it is not regarded of importance, just as we often neglect our best friends because they are always with us, and reach out after something new and more glittering. A tea made of powdered cinnamon is used as a domestic remedy for hemorrhage but just to what extent the medicine is used by the profession is not clear; to many, its virtues are unknown. Tr. Oil Cinnamon is especially useful in post-partum hemorrhage.

Capsella is a drug which has been recommended in menstrual troubles when the flow was excessive both in frequency and volume. Such conditions frequently occur during the menstrual pause and may be found at other periods of menstrual life. The medicine is not astringent and will not have much restraining power while hemorrhage is in progress but must be given in the intermenstrual period. Immediate results are rare but after a considerable interval the condition gradually improves and finally passes away. The

capsella case is clear, the remedy is efficient when indicated but otherwise is of no value, and like other specifics must not be condemned if it fails to cure all cases; for all cases are not capsella cases.

Collinsonia has been urged as a remedy for an affection called minister's sore throat but its field of usefulness is not confined to the ministerial profession. Collinsonia is adapted to that form of laryngitis coming up from cold and exposure and which is augmented by exercise of the vocal organs. We have not had much success in other morbid states with collinsonia and have found it of no benefit in laryngeal phthisis or any form of croupous affection. This remedy was suggested by the late Prof. Scudder in the treatment of hemorrhoids and an old woodman friend of the writer told him, years since, that stone root tea was good for piles. This old man had considerable success among his neighbors with whom he used this tea both internally and externally.

But time would fail us to speak of all the certainties in specific medication. Hydrangea, iris, veratrum, phytolacca, staphysagria, lobelia, echinacea and a host of other reliable agents all crowd upon us and demand a hearing. We have a splendid and efficient materia medica. When a medical nihilist says that there are no real remedies for disease he is either ignorant or mistaken.

We confess that, at times, we have been persuaded to adopt new fads and to use agents the composition of which we did not know, but have always been disappointed and have returned to the specifics. The alkaloidal craze seemed attractive to us for a little while but after nearly killing a few of our patients with overdoses and allowing others to almost slip away by underdosing we tossed the whole business out the window and returned to medicines which we knew how to use. However attractive serums, vaccines and extracts of glands may appear, with but few exceptions, we shy at them and feel that we can do as much with our remedies as can be done with any of these. Our own specific remedies are familiar to us, we know how to use them and are not taken by surprise by some untoward result or alarming condition arising from their use. We feel safe with them.

#### DISCUSSION.

Dr. L. E. Russell was glad to see Dr. Watkins return to the fold of Specific Medicationists; he was afraid he had gone beyond redemption. Am not much of a believer in many remedies; for instance, the efficacy of cactus as a heart remedy. Would have liked to have the doctor say more about Sulphate of Magnesia, which he looks upon as being a good intestinal antiseptic, specific in action. Doubts the

utility of podophyllin in 1-6 grain doses and never uses lobelia, the action of which he thinks is harsh. Would have been glad to have heard him speak of other remedies besides podophyllin, castor oil or lobelia.

Prof. Lloyd—Among physicians there are no medical nihilists, these are found only among such sects as Christian Scientists. The difference among physicians are simply as to what remedies they prefer. One prefers castor oil, another Magnesium Sulphate and a third Rhubarb. Each seeing some slight difference in their action which they like or prefer. The people who call doctors believe in medicines, else they would not have called them. The effects of this association will live long after it. The Eclectic School has laid the foundation of Scientific Medication, but there is yet much to do and much to learn respecting drug action.

Dr. Gemmill believes that we have many remedies that are certain in their action and that we can rely upon them when given for effects. It is essential to know the conditions in which to give them and the size of dose to be given, as they often vary according to dose. There are many remedies which are certain in their action. For instance, Yerba Santa is a good cough remedy when there is a relaxed and dormant mucus membrane but never in a dry cough or there is fever. Collinsonia imparts tone to the mucus membrane of the throat and is useful in atonic conditions of the same. Lobelia when we have a sense of tightness or constriction about the chest. These are all certain in cough and their action is certain when the proper conditions present themselves only.

Dr. Sherman was glad to say we have many remedies, the action of which is certain. Though an empiric, he was glad of the fact, because the empiric has found out something of which he is certain for himself and follows it. Eclectics are sure of their remedies. He is a firm believer in Specific Medication and Specific Medicines.

Dr. Postle—Collinsonia is a splendid remedy in nursing sore mouth. I find it a certain remedy in five, fifteen or twenty drop doses in stubborn cases, though I am unable to explain its action.

Dr. B. K. Jones knows we have many remedies of which we are absolutely certain of their action. Viburnum Opulus is a good and certain remedy in the cramping, muscular pains which so often accompany gestation, and in fact in any condition in which we have that same peculiar cramping of muscles.

Dr. Mundy thought the discussion had resolved itself into a discussion of the relative merits of our favorite remedy. He has often wondered whether more would not be gained by a careful study of a

few remedies than of so many. We have seen physicians who habitually carry one hundred or more remedies with them and have often wondered how they are guided in their selection. Many use the products of manufacturing pharmacists containing several ingredients. We believe the ideal is the one remedy for the one condition. Frequently when the basic condition is removed, the multiplicity of symptoms disappear also, being but secondary to the basic lesion.

Dr. Todd believes we ought to use the single remedy.

Dr. Watkins in closing the discussion remarked that hysteria presented a multiplicity of symptoms, yet it is but a condition not a disease; the name hysteria being preserved for its antiquity. Use common sense in the selection of our remedies and attend to the conditions present.

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### **SPECIFIC MEDICATION.**

**By Jerome D. Dodge, M. D., Collinwood, O.**

Caesar begins his commentaries on the Gallic wars by saying that "All Gaul is divided into three parts."

Another man wrote that "All things perfect are three-fold"; and we may add that the medical world is divided into three principal parts which have been branded so well that the marks won't come off. These appellations are, respectively, Allopathy, Homeopathy and Eclectic.

The Allopath thinks himself to be the broadest and most regular of the three, though in fact he is the most perniciously sectarian, for he will not allow members of other schools to join his medical societies unless they withdraw entirely from those of their own school.

The Homeopath and Eclectic, on the contrary, admit reputable physicians of other schools to membership in their societies, and thus demonstrate their non-sectarian spirit.

Just as in politics more parties than one are desirable, so in the medical world these separate schools are essential to the development of truth; for as one has said, "Truth is a big thing and the human mind has its limitations."

The Allopath stands for the extreme of large dosage, the Homeopath for that of small dosage; while the Eclectic stands for the golden mean, a rational selection of medicine or other therapeutic measure; a rational dosage, and a rational application of medicine to cure distinct pathological conditions.

To obtain this last result, Eclectics hold to the idea, and practice as far as possible, what we term Specific Medication. This does not



mean that we recognize specifics for any disease as a whole, as defined in common nosology, but simply specifics for definite pathological conditions. The wisdom of this theory is seen in the very well proven results of the use of antitoxin in the specific pathological condition found in diphtheria; viz., a false membrane of a grayish, dirty or yellow white color in which is found the "Klebs Loeffler" bacillus. A specific germ which generates a specific toxic poison. In the curative power of sulphur in the itch; of mercury in syphilis and parasitical diseases, and of quinine in malaria.

It is a significant fact that the other schools recognize the above as specifics, and yet do not see in them any foundation for a superstructure of general specific medication.

Specific medication is based on specific diagnosis; and specific diagnosis is based on a correct knowledge of anatomy, physiology and pathology. The superstructure of specific medication thus founded is made possible only by a correct knowledge and application of drug action.

Specific knowledge, specific diagnosis and specific medication, then, are a possible and a necessary trinity in the successful practice of medicine.

The carpenter, the blacksmith and the machinist, each have a specific or definite tool for each kind of work. So also must it be with the physician. He must know just what is wrong; what needs to be done and what will best accomplish the work, then do it.

We who have been out in the field of actual practice for many years, gleaning our bread and experience thereby, know that there are many diseased conditions which are helped back to health by a correct application of therapeutics.

That troublesome eruption known as Impetigo Contagiosa, running tetter or crusted scald, yields to an ointment of ammoniated mercury and zinc oxide, where ordinary medicaments do no good, because the disease is produced by a micro-organism, and it requires a germicide to destroy the cause and give nature a chance to repair the broken epidermis.

We are called to a case in which abortion, miscarriage or even labor has taken place and the placenta, in whole or in part, has been retained and decomposing until sepsis has developed. The patient has a high pulse and temperature and an odor unpleasant to contemplate. We remove the placenta or other fragments; clean out the clots; wash the interior of the uterus with saline or other good non-poisonous antiseptic solution; pack and drain with iodoform gauze and there is soon a wonderful change for the better. The pulse and temperature

become normal and there is a general upward bound to health. Antisepsis spells many a cure. Asepsis often forestalls disease, and these belong to the domain of specific medication.

Peroxide of Hydrogen is well nigh, if not quite, a specific for the removal of diphtheritic membrane. I use it in full strength for the first application, then in 25 per cent. solution. I use it with cotton on an applicator, but the atomizer is best in some situations. Six to ten drops daily of either peroxide of hydrogen or hydrozone in the external auditory canal acts specifically in curing chronic purulent otorrhoea.

I was once called to see a man who was suffering from alcoholism, having been drunk for several days previously. He could keep nothing on his stomach. When informed as to his condition I could not imagine what I could do to relieve him satisfactorily; but when I arrived at the bedside and looked at his tongue, the medicine needed was at once in mind. There was a broad tongue, covered with a pasty, dirty-white coating. Sulphite of soda was the last thing which I would otherwise have thought of for arresting vomiting, but here was its indication. I gave it, Lloyd's powdered, and "presto change," the man was happy, his long suffering stomach was at rest, having been converted into a chemical laboratory, and health was the product. Whenever we have that peculiar coating of the tongue, sulphite of soda will prove curative, no matter what the disease. It is the best thing which I have ever used for aphthous sore mouth or thrush. In which case a solution locally applied is best. It acts as a specific antiseptic and blood corrector.

While treating a case of inflammatory rheumatism, the patient's tongue became glazed and of a dark red color. That is our indication for an acid, and I gave him No. 2 capsules filled with salicylic acid, telling him to take one every three hours. He afterwards told me that each dose made him feel better, so that he could hardly wait for the next. They cured him promptly, and thus again chemistry had come to my assistance and specific medication was a fact.

In the last case of inflammatory rheumatism which I treated, the patient's tongue had a light white coating and only the tip was red. In this case alkalines made him worse, but acids found in Lloyd's aconite, hard cider and salicylic acid proved rapidly curative. This case would seem to teach that some cases are so near the neutral line as to be not easily distinguishable.

Jaborandi, by loosening the secretions of the skin and general glandular system, acts in a specific manner in relieving various rheumatic and dropsical conditions and aids greatly in the reduction

of fever. We may add it to aconite, veratrum or gelsemium and make it an adjuvant to acetanilid, or use it alone for fever.

In the early stage of fever, if the pulse is full and bounding we give veratrum. If it is small and frequent, aconite. If there is a flushed face, bright eyes and contracted pupils with increased heat of the scalp, gelsemium is useful. If the pulse is strong, especially if there be headache, acetanilid, in from one-half to three grain doses, according to age and strength of patient, is as decidedly curative as anything which I have ever used. As a rule, however, two or three doses of acetanilid in twenty-four hours is my limit, and I make one in that time answer very often. Two grains is as much as I usually give for a dose, even to an adult, and my use of this medicine, as well as of aconite, veratrum and gelsemium is extremely guarded.

The predilection of expectorants for the respiratory passages, of cathartics for the alimentary canal, and diuretics for the urinary passages; the certain action of emetics, diaphoretics, sedatives, narcotics, stimulants, anesthetics, tonics, relaxants, astringents, alteratives, emmenagogues, parturients, abortives, demulcents, emollients and various antidotes to poisons, are each a voice of nature assuring us in living language that specific medication is not only possible but even now in successful operation among us. The trouble lies not with the facts, but with the doctors. We must have specific doctors in order to get unvarying specific medication. The medical man must bristle with knowledge instead of ignorance. His tools must be in plenty and they must be passing sharp.

I was once called to see a woman who had consulted several doctors and yet grew worse. She was in bed, greatly prostrated, and her tongue had a heavy black coating. As she was constipated, I left some compound cathartic pills, improved formula, with directions to take one, and later, if necessary, a second. With the perversity which doctors often meet, she took three pills at the first dose. They griped her without mercy, but they also unloaded a large mass of accumulated fecal matter which had been poisoning her. She recovered in record breaking time. That was specific medication which happily surpassed the doctors' expectations.

The last case of confinement which I attended was a primipara who had gone several weeks over her time according to the usual mode of reckoning. The woman's mother had once carried a child in utero thirteen months and it was then taken away dead and in pieces. I began to fear that this might be a similar case as the membranes had ruptured nearly two weeks before I was called, and no life had been felt since that time. Though she was having light, irregular pains, and cramps in the lower extremities, there was scarcely any dilation.

I waited two or three days for developments, but as there was no particular change, I added twenty drops each of gelsemium and lobelia to thirty drops of macrotys, Lloyd's medicines, and twenty drops of wintergreen to one-half glass of water and told her to take a teaspoonful every hour; also No. 2 capsules filled with quinine, three or four a day. The next morning there was progress, but the os was dilated only to the size of a silver half-dollar and not inclined to yield. I then put her to sleep for half an hour with chloroform by inhalation. This quickly dilated the os and the labor then assumed normal action and was satisfactorily terminated in due time by the delivery of a lusty, squalling boy. It is needless, probably, to say that I gave the gelsemium, lobelia and chloroform to relax the muscles, and the quinine and macrotys for mild expulsive effect. They each seemed to work as I had expected them to do, and I regard that sort of treatment also as belonging to the domain of specific medication.

Single medicines for direct effect in specific pathological conditions is the proper idea, but since there may be a combination of pathological conditions in any case, a combination of medicines is sometimes advisable and generally admissible. Nature is a polypharmacist, and a combination will sometimes accomplish more good than a single medicine. An ordinary marksman will hit the mark more surely with a shotgun than with a rifle.

Sulphate of strychnine is a specific in anemia of the spinal cord or spinal irritation, as it increases the flow of blood to the cord.

Because ergot diminishes the blood in the spinal cord it is harmful in spinal anemia but curative in congestion, myelitis and meningitis.

Specific medication in a comprehensive sense means specific measures for specific conditions. To cure a city of typhoid or yellow fever it is necessary to clean up and eliminate the cause; and that, generically speaking, may also be termed specific medication.

Then we should not overlook the cases of minds diseased wherein the spiritual rather than the physical is to be ministered unto. These are the cases in which so-called Christian science wins whatever laurels it obtains, and this is a phase of specific medication in which the medicament is composed of "healing currents from the battery of life." Such currents are borne in upon the patient not only by the laying on of hands, but by thought borne on the wings of well chosen words.

Thought is more powerful than the body. It brings the blush or the paleness of death to the face and it throws the heart into turbulent action by certain emotions. Various functions of the body are obedient

to the mind, and it is a fact that certain morbid conditions can be conjured away by mental action.

I have seen the bowels energized to normal activity and the digestion greatly improved by the application of the electric spray, and many cures are effected with that potent force. When our knowledge of electricity in its action on the human body becomes more perfect, our cures with it will greatly increase and it will be in harmony with specific medication.

To conclude, I wish to say that specific medication is the true medical ideal, the last and best word in medicine.

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### **SPECIFIC DIAGNOSIS.**

**By T. D. Hollingsworth, M. D., Creston, O.**

Diagnosis is the art or science of signs or symptoms by which one disease is distinguished from another. This, in its narrowest sense, consists in bestowing a name upon a certain assemblage of pathological phenomena. It should include also a knowledge of the causal factors of the disease; a determination of its character with reference to type and severity; an estimate of the amount and kind of damage, both general and local, which has been sustained by the organism; a forecast of the course and duration of the morbid process and a cognizance of the personal characteristics of the patient, whether psychic or physical, inherited or acquired. Its final object is to be able to treat disease intelligently. (Benler.)

Prof. Scudder said we find that the manifestations of life in health are very uniform and consistent and one can hardly mistake their meaning; so in disease, the expressions of morbid life are uniform and constant and do not vary, as many have supposed.

Specific diagnosis shows the relation between certain pathological conditions, as shown by symptoms, and the curative action of drugs.

We should always have in mind the morbid process for which the curative action of the drug is given and not the symptom alone.

When the curative action of a drug is known the action is the same and the indications are the same in all cases whatever name the disease may have. Many of the specific indications for drugs were clinically proven before the etiology of the disease was known.

Take for example the action of quinine in malaria. It was proven to be specific for the malarial plasmodium before the microscope had revealed the cause, and in the absence of a microscopical examination to-day the administration of quinine often clears up an obscure point in diagnosis for us.

There are a few Eclectics who think the specific medication and specific diagnosis idea superficial.

We should remember that specific diagnosis is not giving a name to a collection of morbid conditions that belong to other forms of diagnosis. While it is very essential to be able to make a correct diagnosis according to the accepted nosology it does not offer any assistance in the treatment of the disease named, and treatment is what the patient wants.

Specific diagnosis is certainly rational and by it we are enabled to establish a relation between diseased conditions and drug action.

The drug action in diseased conditions has been proven at the bedside on human beings instead of in the laboratory or on other animals.

Should not this method of proving drugs be of more value in the treatment of disease in human beings?

Physicians of other schools are to-day studying our methods and applying them with success, which is all right if they only give our school credit for the work done by it. The following is an allopathic opinion of Eclectic methods. "We are at once impressed with the wide difference between this (Eclectic) and that of the regular school. The point of attack is not the same, the basis of therapy is changed. The ideal of a large majority of Regulars is a formula containing several remedies which is to be employed against a disease. That of the Eclectic is a series of remedies which has been found effectual when directed against a certain symptom group in any malady whatever."

Do you not think Eclectic methods superior even from the standpoint of an Allopath?

**Seton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 112—Mrs. J., age 35, married, mother of two children, referred to the clinic by Dr. Norman, of Blanchester, Ohio, on account of a nodular mass in the right breast of some three years' duration. There is no pain in this case, or history of the characteristic eczema of the areolar tissue surrounding the nipple and designated as Paget's disease. Neither have we in this case the retraction of the nipple so characteristic in many cases of carcinoma. We might say then that this particular case in diagnosis will not be classified among the carcinomas.

It is my impression that we have in this patient a tubercular lesion although the general appearance of the patient and the family history give no warning of tuberculosis. We may also think of sarcoma, and yet the age of the patient is just past that period which has been given for the appearance of sarcoma. There has been some pain manifest in the breast, and the pectoral muscles, and some obstruction by impaction in the axilla.

The patient having been completely anesthetised we make an incision from the axilla along the outer border of the pectoral-major muscles carrying the incision in an elliptical character around either side of the nipple, and extended well below the lower border of the attachment of the mamma; and liberal destruction of the lateral walls of the incision severs the skin and fat from the anterior wall of the breast. We now use the cork screw tenacula, twisting it well into the central zone of the mamma and lifting upward the lunar of the blood vessels, making the further destruction of the breast and tumor practically bloodless. We shall in this case, as has been my custom, remove all the fascia of the pectoral-major muscles and that portion of the lateral border along which the disease glands are manifest, extending into and including all diseased tissue in the axillary space.

An incision will be made in the lower lateral flap an inch in length through which drainage gauze will be drawn, leaving sufficient quantity of gauze to cover the most of the traumatic surface of the thoracic wall, and extend up into the axillary space. This precaution has two advantages. 1—It gives warning of any excessive hemorrhage post-operating. 2—It keeps the traumatic surface separated from the dissective anterior pectoral-major muscles, preventing adhesions of the skin to the muscle, and also keeping the wound perfectly dry. This gauze is generally removed within 48 hours following the operation. We also offer an extra precaution and position of the arm at

almost right angles from the body for three or four days following the operation. This enables the patient to raise the arm to the head without pain from the adhesions of the tissue to the raw surface of the thoracic walls.

CASE 113. Mrs. J., age 25, mother of two children, suffered a severe laceration of the uterine cervix, and a complete severance of the perineum, extending through the muscles of the bowel. The destruction of the parts has been so severe that all of the pelvic sphincter muscles have been entirely useless. In dealing with this case we shall make a destruction on either side of the perineum down to the severed ends of the sphincter ani muscles and gather up the freshened ends and suture them. We shall then extend the destruction upward, separating the vaginal tissue from the rectus with a flap, after the flap method described by Tink. The destruction now extends into either sulci and in the introduction of the sutures which are always of the silk-worm gut variety on account of the lessened danger of suture infection. We must with a large curved needle include the very deepest lateral destruction within the grasp of the suture so as to force forward and connect all severed tissue in the operation, making a heavy thickened wall of the new perineum.

The suture is inserted before the long lateral sutures are ligated. In the double operation, trachelorrhaphy and perineorrhaphy, we invariably use cat gut for the trachelorrhaphy on account of the danger of injuring the perineorrhaphy in the later attempt at removing other sutures from the uterine cervix. We also place between the lateral vaginal wall and the traumatic surface of the uterine cervix a liberal strip of iodoform gauze for the purpose of keeping the traumatic surface dry and free from mucuous tissue. This method of doing a trachelorrhaphy and perineorrhaphy are to be commended on account of the invariable success obtained thereby.

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In acute (septic) osteomyelitis immediate operation is not too radical; in chronic osteomyelitis patient waiting is often not too conservative—the final expulsion of a sequestrum may be all that is necessary to effect a spontaneous cure.

When removing a lipoma or other growth from the inner surface of the thigh, a little care should be exercised in order to avoid cutting the long saphenous vein. Ligature of that vessel (especially in ambulant and non-aseptic cases) may be followed by a distressing phlebitis.

American Journal of Surgery.



**Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

**MATERIA MEDICA OF THE EYE.**

As a rule, whenever one speaks of eye medication, the mental picture is that of some solution to drop into the eye; a wash which usually is religiously applied to the outer surface of the closed lids; or an ointment which is supposed to be rubbed upon the lids, and by some hocus pocus permeates the tissues and relieves the condition. That the internal administration of drugs may have an influence upon the structures of the eye and eyelids is too often overlooked, and the expression of incredulity when the assertion is made that drugs must be taken internally is often amusing.

**Apis.**—Edema of the lids or of the conjunctival tissues, scanty urine. Dose, gtt.  $\frac{1}{6}$ –1-5.

**Apocynum.**—Excessive edema of the lids or of the conjunctiva, scanty urine. Dose, gtt. ss–j.

**Chionanthus.**—Deep yellow or greenish-yellow discoloration of the sclera, especially when occurring suddenly. Dose, gtt. v–xv.

**Chelidonium.**—Yellow discoloration of the sclera, more particularly when of a chronic character. At times it should be combined with chionanthus. Dose, gtt. j–iij.

**Cuprum.**—In chlorotic persons with a tendency to avoid bright light. The palpebral conjunctiva is pallid, and the retinal picture shows the peculiar greenish white color found in chlorosis. Dose gtt.  $\frac{1}{6}$

**Ergot.**—Hyperemia of the retina and a tendency to hemorrhagic areas in the conjunctiva. The distinction must be made between arterial congestion and venous stasis however, as in the latter condition the ergot will increase the difficulty. Dose, gtt. ss–iij.

**Cimicifuga.**—Bruised, sore sensation of the tissues surrounding the eye, or of the ball itself. Dose,  $\frac{1}{3}$ –j.

**Physostigma.**—Eyes tire on close use, feel heavy and occasionally a sharp momentary pain. Usually found in hyperopia or hyperopic astigmatism in those who use their eyes for close work. Dose, gtt. i–10– $\frac{1}{6}$ .

**Aconite.**—In acute inflammatory conditions of the tunics of eye, or of the eyelids. Of no especial value in subacute or traumatic states. Dose, gtt. 1–5– $\frac{1}{3}$

**Veratrum.**—In traumatic inflammation of the eye. Also usually given after operative measures. Dose, gtt.  $\frac{1}{3}$ –j.

**Hydrastis.**—In catarrhal conditions of the conjunctiva, the secretions being moderately profuse and moderately thick. The discharge may be mucous or mucopurulent.

**Arsenic.**—When the secretions are thin, watery and excoriating. The canthi and lower lid usually erythematous. The liquor potassii arsenitis is most frequently employed, although arsenious acid may be used. Dose liquor potassii arsenitis, gtt. ss-j. Arsenicum gr. 1-100.

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### VALUE OF THE OPHTHALMOSCOPE IN THE DIAGNOSIS OF ARTERIOSCLEROSIS

Arteriosclerosis (which is the starting point of most diseases of the retinal vessels) is a much commoner clinical picture to-day than it was twenty-five years ago. Formerly viewed as a senile manifestation and necessary accompaniment of old age, it has come to be recognized as one of the commonest sequences of the strain of modern life. Collins alludes to it as "a general disease, with predilection for certain localities."

Stengel (Proc. Phila. Co. Med. Soc., 1905) recognizes three clinical stages, to wit:—

1. A preliminary one, difficult of recognition in its beginnings, and confusing to the clinician in his efforts to distinguish the part of the etiologic factors from that of the arterial disease in the symptom-complex.

2. A middle period, during which the arterial disease is easy to recognize, but in which secondary organic changes have a rôle of variable importance.

3. A final stage of failure of circulation, organic failure and terminal infections.

It is the belief of the writer that skillful use of the ophthalmoscope in Stengel's first or preliminary stage might often help to establish a definite positive or negative diagnosis in such cases. Stengel himself (Pennsylvania Med. Jour., Aug., 1904) has said: "The ophthalmoscope may reveal the positive evidence of vascular disease, before the disease (arteriosclerosis) has become marked."

Greenwood (Trans. Sec. Ophthal. A. M. A., 1904) feels that the importance of retinal arteriosclerosis is not ordinarily recognized; that indeed it is oftener overlooked, or, if observed, only given a passing thought, unless of a degree sufficient to cause a grave lesion of the retina, and then looked on as a progressive disease that treatment will not stay or alter.

L. F. Bishop points to the fact that "the heart, blood-vessels, and kidneys go hand in hand, and serious disease of one is not found without involvement of the others. When these structures are studied together, it is found that the earliest indication of disease of one is often discovered in disorder of the other. Chronic Bright's disease

is not essentially a disease of the kidneys, although in the final catastrophe these organs are often chiefly at fault. Primarily it is a disease of the circulation, in which the brain and kidneys, acting, as it were, as end-organs, first manifest symptoms." This is important in considering the early symptoms in high-pressure cases. The kidneys are insensitive organs, rarely giving rise to pain, intermittent in their manifestations, and entirely removed from direct observation; hence renal disease may reach a grave stage before it becomes a matter of consciousness. On the other hand, the brain, as the seat of consciousness, is highly sensitive to any interference with its functions. Inasmuch as the retinal arteries, like those of the cerebral and renal cortex, are end-arteries, it is a not infrequent occurrence that beginning arteriosclerotic changes in the carotid circulation show themselves very early in disease of the retinal circulation. It is altogether probable that changes similar to those in the retinal vessels are going on in the end-arteries of the cerebral cortex, as claimed by numerous investigators, but this parallel has not yet been worked out to a finality.

Of the three important end-organs, the kidney, the brain, and the eye, the latter is the only one affording opportunity of study of the circulation at first hand. The ophthalmoscope offers evidence of peculiar value, in that the arterial and venous circulation is not only revealed to our gaze, but is shown to us under a magnification of from 12 to 14 diameters. The ophthalmoscope thus becomes a low-power hand microscope, and properly used, is of infinite value. The changes in the retinal circulation produced by arteriosclerosis are various.

Alleman (*Amer. Med.*, vol. vii) arranges them in four groups:—

1. In the first group no organic lesion is discoverable, the important finding being a tortuosity of the smaller retinal vessels and of their terminal twigs.

2. In this group, there is added more or less bending of the vessels at the crossings.

3. In this group some evidence of organic change in the vascular walls can be made out. Pressure phenomena are more pronounced, also obscuration of the under by the overlying vessels. Miliary hæmorrhages may at times be seen.

4. In this group are included all cases presenting advanced vascular disease, such as hæmorrhagic, diabetic, and albuminuric retinitis, falling into three types: (*a*) the hæmorrhagic; (*b*) the degenerative; (*c*) the active inflammatory.

Frost (*Atlas of Ophthalmoscopy*) bases his diagnosis on changes in the width and color of the blood-column, in the shape of the vessel, in the breadth and brilliancy of the light-streak, visible and even opaque vessel-walls and lymph-sheaths, and small retinal hæmorrhages.

Mr. Gunn (Ophthalmic Review, 1898), who was one of the first to emphasize the importance of studying these changes, lays stress on:—

1. Alterations in the course, caliber, size, and breadth of the retinal arteries.

2. Alterations in the reflections and translucency of the walls of the arteries.

3. Alterations in the veins exactly as they occur in the arteries, to which must be added indentation of the vein when crossed by an artery.

It is the belief of de Schweinitz that fine corkscrew tortuosity of the small macular vessels and a brick-red suffusion of the nerve-heads are among the very earliest signs of arteriosclerosis, even before the stiffening of the arteries and veins occurs. This belief has been borne out by the writer's own experience.

That age does not play the vital part in this process that was once thought is plainly shown by Alleman's 40 cases, in 15 of which the patients were 30 years of age and under. It is also worthy of note here that in Alleman's whole series of cases the one constant abnormality, the condition he always found associated with retinovascular anomalies, was some disturbance of metabolism, evidenced in the large majority of cases by diminution in the elimination of urea.

As far as retinal angiosclerosis is concerned, only small vessels are involved, so that the grosser changes in the media and adventitia which occur in the larger vessels of the body do not come under discussion here. The process in all small vessels is characterized by proliferation of the intimal endothelium and formation of connective tissue. Gradual increase in the elastic tissue is a continuous process, which commences in the newborn and goes on through life, whether true angiosclerosis intervenes or not (Hertel); it is the irregularity both in distribution and type of the tissue which is indicative of disease.

In conclusion, the following observations are thought to be well in line with the facts concerning retinal angiosclerosis:—

1. Changes in the retinal vessels point not only to probable arteriosclerosis in the cerebral vessels, but are also related to the very early stages of chronic Bright's disease, as has been often urged by many writers.

2. They are highly important from the diagnostic viewpoint, because, as has been insisted on by Gunn, Nettleship, Frost, de Schweinitz, and others, they frequently forerun by a year or two the usual degenerative or toxic retinitis.

3. The ordinary ophthalmologist does not carry his observation

quite far enough. Instead of being content with careful inspection of the nerve-head and then sweeping the area of illumination over the outlying fundus and into the macular region, he should also inspect the periphery of the small veins and arteries, and minutely study the vessels at their crossings in every case that is in the least way suspicious.

4. If he finds anything at all suspicious in the vessels, he should see that study is made of the condition of the pulse, the heart-sounds, the tracings of the sphygmograph, and the readings of the sphygmomanometer; for, as has been said, to the four indices of persisting high arterial tension noted above, "it would seem, on the authority of the studies made by Gunn, de Schweinitz, Preston, Nettleship, Thompson, Friedenwald, Hirschberg, Schemmann, Bull, Alleman, Greenwood, Woodruff, and others, that the ophthalmoscopic signs herein detailed should be added as a fifth index.

If there is an over-respect in these days for so-called scientific work (wrongly limiting the term to that which is in some way connected with a laboratory and apparatus), it is because the clinical workers have more or less yielded the field of medicine entirely to the so-called research workers and the laboratory men. The clinician and the laboratory men must work shoulder to shoulder; then will there be no halt in the progress of the art of medicine as it bears upon the wise management of the individual during the course of his life."—*W. Reber, M. D., before Examiners' Association, Philadelphia.*

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### Periscope.

#### PERUNA BEFORE A NEW YORK JURY.

Lawsuits in New York are long in coming to a final termination. One has recently been concluded which began in September, 1905. About that time Dr. Hartman was selling a good deal of Peruna — much more than he is now — to rural prohibitionists who liked the effect but not the name of alcoholic stimulants. He was advertising Peruna, as he is now, "as a permanent and radical cure" for catarrh. Just by way of contrast between patent-medicine advertisements and court verdicts, a few extracts may be given from the voluminous advertising of Peruna in the "World," the "Sun," and other New York papers:

"Peruna cures catarrhal disease of the stomach."

"Peruna cures catarrh wherever located."

"Peruna is a well-tried specific for la grippe."

"Peruna prolongs the life of old people."

"Peruna cures permanently . . . catarrh of the bladder and of the kidneys."

"Peruna is not a stimulant."

In September, 1905, the New York State Excise Department concluded to look into the matter. If Peruna was medicine, druggists could sell it without a license; if it was, as the Excise Department believed, nothing but plain booze, then they must have the same license and pay the same tax as a saloon-keeper or any other seller of alcoholic beverages. So agents of the department went into the drug store of Dwight & Nye, in Syracuse, and bought five bottles of Peruna. Then they immediately had Dwight & Nye prosecuted for selling alcoholic drinks without a proper license.

Of course the druggists fell back on Dr. Hartman to defend them. He made a great show of indignation over the suit, but when Attorney Herbert Kellogg, of the New York Excise Department, went out to Columbus to put him under oath and make him testify, he fell back on the formula: "I am advised by my counsel that I do not need to answer that question."

He did contribute, however, one fact of interest in the history of patent-medicine fortunes. He said he had practiced "in all of the States of the Union, excepting those on the Western slope." With true patent-medicine bent for ornate language he described his life as "the itinerant practice."

Interesting, too, in view of the outcome of his lawsuit, was his testimony that "Peruna is a remedy for Bright's disease." Also, he swore with pious unction, "there is no whisky in Peruna," and did some artful dodging to get away from Attorney Kellogg's questions as to whether alcohol does not aggravate, rather than cure, Bright's disease.

At the trial of the case, there was, of course, plenty of expert testimony as to the precise chemical contents of Peruna. It developed that, to start with, nearly three-quarters of it was water, 72.50 per cent. to be exact. Then there was 27.07 of alcohol. Added together, these two percentages don't leave much out of a hundred. As a matter of fact, after the water and the alcohol were removed, less than one-half of one per cent. remained. And of that, half was burnt sugar, put in to give a good color to the raw alcohol and water. All the testimony, under the cross-examining of Royal R. Scott and Herbert H. Kellogg, who, together with William Vanamee, represented the State, was to the effect that Peruna had all the qualities of cheap

and nasty booze — that a man could readily drink a pint a day of it, and that *it would have a very irritating effect on the kidneys*. The testimony of the chemists and doctors was all to the effect that the stuff had absolutely no medicinal value.

When it came to putting the case to the jury, the five questions printed were framed by the judge, and the case was given to the jury in that form. The answer to each question was "No."

Q. 1—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of Bright's disease? A.—NO.

Q. 2—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of acute catarrh? A.—NO.

Q. 3—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of chronic catarrh? A.—NO.

Q. 4—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of diseases of the mucous membrane? A.—NO.

Q. 5—Was the quantity of alcohol, twenty-six to twenty-seven per cent., contained in the preparation in question necessary to hold the drugs actually put therein, in solution? A.—NO.

Q. 6—Was the quantity of drugs contained in one bottle of the alcohol diluted with water sufficient in amount, in tablespoonful doses three or four times a day, to produce any appreciable remedial effect? A.—NO.

On this finding, of course, the druggists who sold it were put in the same class as saloon-keepers, and were compelled to pay the forfeiture required of those who sell liquor without a license. The case fixed the status of Peruna in New York; the conduct of it was a thoroughly creditable piece of work on the part of the New York Excise Department and its attorneys. Their work should point the way for the proper officials of other States, and druggists who have not sufficient self-respect to throw off their shelves all patent medicines whose main ingredient is alcohol should be taught the lesson that these Syracuse druggists learned to their cost. Since so much trouble has been made for Dr. Hartman by State and Federal collectors of whisky taxes;

he has tried to take his "Peruna" out of the class of nasty whiskies by changing the formula.

As to the further plans of the department, there is hope and encouragement in the following extract from the recent annual report of the Excise Commissioner:

"A very serious abuse exists in the sale of the so-called proprietary and other medicinal preparations, known generally as 'patent medicines.' There is among advocates of high license, local option, temperance reform, and prohibition a wide divergence of opinion concerning the sale and use of liquor as a beverage, and as to the wisest regulation of the traffic by the State, but there should be no division of sentiment regarding the right and duty of the Legislature to prohibit unconscionable manufacturers from fraudulently putting on the market an inferior grade of liquor, under the respectable and deceptive mask of curative medicines, in order to deceive the people, and, through their credulity and fear of sickness, create a demand and appetite for liquor in men, women and children, who could be induced to take it only as a disguised intoxicant, and in absolute ignorance of its true character. For the good of the State, and the physical and moral welfare of her citizens, this outrageous fraud upon the weak and helpless should be speedily suppressed. I am aware of nothing done by the liquor dealer that compares in heinousness with the dastardly methods practiced by the manufacturers of dishonest remedies, or that is more dangerous to public morals. The State should protect our people, druggists and the medical profession against this iniquitous sham."—*Collier's Weekly*, April 13, 1907.

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### THE DOCTOR AND THE DRUGGIST.

In preceding numbers of this journal we have discussed some of the reasons why so many doctors dispense their own remedies instead of writing prescriptions. We hope that we have not left the impression that we have any unkind feelings toward the pharmacist. No so; for the honest, earnest and skillful men who constitute the bulk of his profession we have not only a kindly and fraternal feeling, but the utmost respect. We owe them much.

But between pharmacy as a profession and the pharmacy as a store there is a great deal of difference. The professional element is rapidly disappearing, and the "store" feature is as rapidly taking its place. This is due to no essential defects in the men in the business; it is the result of industrial evolution.



Time was when the pharmacist personally dealt in crude herbs and himself prepared a large portion of his stock. That time has gone by forever. Now the only part of his work which has anything about it requiring scientific knowledge is in the compounding of prescriptions; and with the simplification of therapeutic methods and the perfection of the products of the manufacturing chemist even this is dwindling away. It is no wonder that the druggist feels some resentment at the encroachments on this last scientific bulwark.

Some pessimistically claim that the dispensing doctor made all the trouble. But he didn't happen. He came because the time was ripe, and his coming was Progress. The old clock ticks on and you can not stop it. It's part of the law of evolution, of adaption to conditions, of environment. The dispensing doctor followed the introduction of the more convenient, palatable, portable and effective therapy. He came in with concentrated medication of all kinds. Dispensing is growing in popularity because, with the more modern medicaments, the efficiency of the doctor has been increased by it — a fact which both doctor and patient have been quick to grasp.

The car of Progress is a Juggernaut. Those who stand in its way are sacrificed. Many a retail druggist has failed because he has not learned to adapt himself to the changing order. Bitter competition has not made his position an easy one, and circumstances have forced him into many lines of business more or less remote from the preparation and vending of drugs.

There is no question that a bitter fight is being made by the leaders of the drug trade and their more intimate commercial and professional associates to stay the tide toward dispensing. Along one line this is being done by a concerted effort to force the Pharmacopeial and National Formulary preparations into the foreground. These are being lauded to the skies as the highest achievements of the pharmacist's art, and physicians are being constantly urged, even almost ordered, to prescribe these and nothing else. They have been given official and semi-official recognition in State and National legislation, and to considerable extent have been set up as standards. In every way possible they have been forced into the limelight. And yet it is a perfectly well-known fact that these preparations do not represent the forefront of pharmaceutic achievement, but, rather, the rear guard.

The last edition of the *U. S. P.* is already old, and there is talk of the necessity for a supplement. What will it be when ten years older? Moreover, a very large percentage of the boasted products contained

in these two books are old proprietaries and patent medicine masquerading under other names. By what alchemy does their admission to these volumes purge them from the contempt and contumely with which they have heretofore been loaded by those of the "unco guid" who now see in them but the quintessence of purity and perfection?

The latest method of fighting the habit of dispensing on the part of physicians is the legislative cure-all. The *Western Druggist* would make it unlawful for the doctor to dispense. Its arguments are ingenious and specious — and class legislation of the brashest kind. It is assumed that the druggist will stand between the errors of the doctor and his patient; that many deaths are the result of carelessness and ignorance on the part of the doctor. It is not explained who is to stand, between druggist and layman, and check up the druggist's errors of dispensing or counter prescribing; nor why the dispensing druggist is any less likely to make mistakes than the dispensing doctor. Nor is it explained why the druggist should be considered more competent to judge of pharmacologic action and therapeutic effect than the doctor, whose business it is to know these things, and who must bear the burden of responsibility for results.

To the druggist the whole range of remedial medication is a closed book. Even the doses of medicine appeared for the first time in the last edition of the Pharmacopeia, and most unscientific they are. Does this fact give the druggist the right to censorize the doctor's prescription? Why, the entire proposition would be an absurdity if it were not proposed so seriously. And yet, our profession should be alive to the possibility of just such encroachments as these. We would like to know just what methods our National and State organizations propose to take to meet legislation of this character, for that it will be introduced there is little doubt? Do the societies and their officers stand with their members, the *bulk* of its members, or with pharmacy and against them? We shall see.

Still another method of fighting the dispensing doctor is for the druggist to himself treat patients and supply them with medicines over the counter. The extent of this practice, with various other abuses which have grown up about the drug trade, all of which have been discussed by our contributors, have been a constant source of bad feeling between the two professions. We have not heard from those who suggest suppressing the dispensing doctor by the strong arm of the law any hint that they propose to abolish the counter-prescribing druggist, or even to lend their moral support to any movement tending to

diminish the frequency or abate the well-known evils and dangers of this practice.

It would be well for every one to recognize the fact — for it is a fact — that dispensing has come to stay. It has such manifest advantages to the physician that a large percentage of those who investigate it promptly become converts. It is in line with modern ideas, and the man who wants to stay with the procession, to secure the maximum of results as well as retain his hold upon his clientele, is *compelled* to take cognizance of it.

Whether the doctor dispenses or prescribes there is no reason why he should not be on friendly terms with the druggist. He should and he will find much occasion for his services. Even the man who dispenses “exclusively” has frequent resort to the pharmacist, not only for the preparation of many things which he can not conveniently carry or prepare himself, but where the pharmacist’s special knowledge and superior skill especially come into play. If each man would lay aside his preconceived ideas and prejudices, both would find many places where they could meet on common ground to mutual advantage. But for either to attempt to legislate the other out of business will not add to the cordiality, already a little strained.

We shall not undertake to tell the druggist how to run his business. But the doctor should and must be his own master. Let no man or coterie of men direct you in matters of main importance to yourself. Look this question squarely in the face and be not moved by misrepresentation, abuse, or misleading arguments — even by the threat of legislation directed specifically against your unquestionable rights. If you conclude that it is better for you to write prescriptions, all right — you’re the doctor! But if, after weighing every phase of the matter, you conclude to dispense, as we think you will, stand by your convictions like a man, and let others know how you stand. Be not ashamed; neither be afraid, but keep your eyes open — wide open to your own best good.—Editorial in *Clinical Medicine*.

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## ENLARGED LIVER.

The enlargement in passive hyperemia (nutmeg liver) is considerable, hard and smooth, with dull pain and marked hypochondriac tenderness. Ascites is often present, and a greenish jaundice may sometimes be observed. The urine is scanty and of high specific gravity. Hyperemic enlargement of the spleen and hyperemia of the

mucous membrane of the stomach are accompaniments. In asthma the liver may extend nearly to the navel in severe cases.

In active hyperemia the liver is moderately swollen, soft and smooth. Local pain and tenderness or weight and fullness are complained of. There may be jaundice, gastric disturbances, mental depression and ascites. Hepatic torpor, without organic disease, is manifested by biliousness.

Hanot's hypertrophic cirrhosis shows a large, firm, smooth (unilobular) liver, with continued fever and attacks of pain, intense paroxysmal jaundice, but no ascites. The spleen is enlarged and stomach symptoms are noted. The condition is of alcoholic origin, chiefly in young adults. The early stage of atrophic cirrhosis (hobnail liver), is marked by multilobular "cobbley" enlargement with ascites.

In amyloid degeneration the liver is markedly enlarged, dense, hard and smooth, with a sharp lower border. There is no tenderness, ascites or jaundice. The spleen is swollen and albumin is found in the urine. The disease arises from prolonged suppuration, syphilis or malaria.

In fatty infiltration the organ is soft, smooth, rounded, cushion-like, and often extremely enlarged. It is not tender. Overeating, indolence, chronic alcoholism lead to this condition, as do likewise anemia, chlorosis, tuberculosis and phosphorus poisoning (early stage).

The cloudy swelling of acute infections and intoxications shows a smooth, indistinct surface. High fever may accompany. Casts and albuminuria are often to be found.

Hepatic abscess is manifested by globular swelling and bulging in the superficial form—uniform enlargement in the pyemic variety. The swelling is smooth and elastic, sometimes fluctuating and very sensitive. Fever, chills and sweats are present, but no jaundice or ascites.

In suppurative cholangitis the liver is enlarged and tender, with moderate jaundice and septic remittent fever. The disease is usually fatal. In cholelithiasis also the liver is swollen, firm and smooth, with hepatic colic and obstructive jaundice, but no ascites. A distended or impacted gall bladder is distinguished as a pear-shaped, tender, mobile swelling beneath the middle of the gland, and rarely grating or fluctuating on pressure.

Gummatous syphilis shows irregular, bossy nodules, jaundice and ascites, gummata elsewhere and scars or history. In hereditary syphilis the liver is smooth, and the victim is marked by depressed nasal bones, atrophied incisor teeth, and a yellow, cachectic skin.

The enlarged liver of rachitic children has a smooth surface and a rounded edge. The facial appearance is cachectic, and a history is usually obtained of gastrointestinal catarrh—alternate constipation and diarrhea.

In leucocythemia the liver is hard and distinct, and may become enormous in size. Great enlargement of the spleen is likewise noted. The blood shows great hyperleucocytosis. The enlargement in malaria is general, the spleen is swollen, and parasites and pigment are found in the blood. In acute tuberculosis the liver is smooth and of normal consistence. The diagnosis is made from tuberculous signs and symptoms elsewhere.

Sarcoma shows a rapidly growing and quickly fatal, smooth, rounded tumor, usually in young adults. In carcinoma we find large and small nodules in the liver, with spontaneous pain and increasing tenderness, jaundice, ascites, cachexia and enlarged glands.

The enlarged liver of general lymphadenoma of young adults is accompanied by progressive anemia and by marked enlargement of the cervical glands. Simple, dermoid and hydatid cysts occur in the liver sometimes, causing it to increase upward. They are felt as soft, sometimes lobulated, swellings, with fluctuation or fremitus, but no ascites or jaundice. On aspiration one obtains a clear fluid, which contains characteristic hooklets, if hydatid in character.

The enlarged liver of diabetes is distinguished by the associated polyuria and glycosuria; gout, by the uric acid output, and the affection of small joints. Weil's disease is marked by remittent fever and early jaundice. Banti's disease shows great enlargement of the spleen, as well as of the liver. Infantile biliary cirrhosis is a fatal infection of unknown origin, occurring in tropical countries.—*Denver Medical Times*.

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The radiograph of the elbow of a child shows shadows of numerous epiphyses. One inexperienced with X-ray plates is very apt to mistake one or more of these for fractures. When examining the skiagraph of a child's elbow suspected of fracture or dislocation, it is, therefore, important to have the normal picture in mind, or better yet in hand, for comparison.

Fractures of the neck of the femur in old people sometimes cause no other symptoms than disability. The mildness of the trauma and the freedom from much pain should not deceive one.

Do not operate for foreign body in the knee joint without first excluding dislocation of one of the semilunar cartilages.

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## THE NATIONAL.

The 37th annual meeting of the National was held in Los Angeles, California, June 18th to 21st.

This was the first meeting in the state and the second on the Pacific coast.

While not the largest in point of numbers it was interesting and important in many respects.

In this era of transition and unrest in medical circles, much of the routine business assumed more than ordinary importance—particularly as bearing on the immediate future of our school of medicine.

Rev. Robert McIntyre opened the meeting followed by an address of welcome by Mayor Harper and response by Dr. Sharp.

President E. H. Stevenson delivered a stirring annual address.

The afternoon was devoted to sight-seeing. In the evening J. U. Lloyd delivered a stereopticon lecture on "Turkey and the Orient" which was enthusiastically received by an audience of over 300.

Wednesday morning Dr. Thomas delivered his address on "The Need of the Hour" which was commented on editorially in the last Journal. Dr. Scudder followed with an address on "National and State Society Affiliation." Both were listened to with great attention and referred to the advisory committee. In the afternoon trips were made to the San Gabriel Mission, the Indian Crafts exhibits and the ostrich farm. In the evening the local members tendered the visiting physicians and their friends a delightful reception. Thurs-

day morning was devoted to section work; the afternoon to a trip to Long Beach as guests of our energetic friend, Dr. Pierce and the Chamber of Commerce. Friday morning concluded the section work, which was hardly up to the average for either quantity or quality, but this is hardly to be wondered at when the unusual amount of time devoted to sight-seeing is considered—the routine business of the convention consumed more than ordinary amount of time.

Our *National* is for the good of all concerned and our *non-members* should take an earnest interest in our annual meeting as our school of medicine and our medical progress are judged by our society work.

The electoral college selected the following officers for the ensuing year.

President—L. A. Perce, Long Beach, Cali.

First Vice-President—Lee Strouse, Covington, Ky.

Second Vice-President—P. C. Clayberg, St. Louis, Mo.

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Treasurer—E. G. Sharp, Guthrie, Oklahoma.

Next place of meeting—Kansas City, Missouri, which will prove a convenient place for our members from Missouri, Kansas, Nebraska, and Iowa and which should insure a large attendance.

Dr. Scudder's party numbered 74, all of whom were delighted with the outward bound trip, particularly the very interesting day spent at the Grand Canyon of the Colorado in Arizona.

SCUDDER.

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## SUMMER TROUBLES OF CHILDREN.

This poor old subject is, to many, worn thread-bare, and we do not approach it with the idea of imparting much that is new to the older readers of the *Journal*. Two classes of hearers are prominently before us at this moment. First the young eclectic who is just launching his professional craft and who can not yet fully master the compass. We hope to help him to avoid some of the scientific sand banks and "lemons" that are handed him every day through text-books, drug runners, the therapeutic mailing lists of specialty manufacturers, his allopathic neighbor, etc, etc. The combined influences of these are responsible for that angelic host of babies that quits this mundane sphere about this midsummer season every year. The throng, we believe, is not quite so great as it was some years ago. The reason is, that the nihilist kills less, because of his no-medicine ideas. That other fellow, he who has a full knowledge of and implicit confidence

in bugs, bacteria and bluff, in short, in scientific medicine is still an angel-maker pure and simple. Sit down and calmly consider the ordinary text-book treatment of Diseases of Children. What must aconitine, atrophine, calomel, bismuth, opiates, antiseptics, general and local, digitalis, whiskey and brandy clysters, enteroclysters of hot water, of ice water, lavage every two hours, ice-packs to the head and spine—"tubbings" in water reduced from 90° F. to 80° F. every time fever rises, hot packs to belly, mustard to feet, legs and belly, massage for bellyache. Castor oil to float 'em, salol, salicylic acid, carbolic acid, glycerine, tannalbin, a thousand other patents, proprietaries, etc., in the medicine line, to say nothing of the category of food products, *think we say—think*—if you know anything about babies, and the action of medicines—*think* what such hellish prescriptions must do to a suckling baby who has intestinal trouble. God save ours from such damnable rot and ignorance—*murder* as is foisted upon poor trusting humanity in the name of *science*. The list above could be extended over pages. Would that it could be completed, and emblazoned upon the clouds. That against it Heaven might open and show the effects, so that the world might see. That the fathers and mothers of babies and sucklings—living and dead—might see the debt of gratitude they owe to a profession that is so scientific that they could not possibly recognize grandmother or her ways. What does she know about fats, proteids; about bacilli? What does she know about babies anyway? The scientific young man from the hospital, or from the laboratory, or from the first medical school of the land, while he could not raise a mustache—nine hairs on a side—can tell not only grandmother, but all of the mothers of christendom how to *raise* babies. The fact of the matter is that nearly every text-book on this subject should be burned, their authors don sack cloth and ashes, and repent. Some day they may lift up their eyes in Sheol and beg for a drop of water to cool their parched tongues, because of their murder of infants.

The second class of readers to whom we hope these lines may come, contains the physician who realizes his weakness when it comes to the treatment of babies, and has made up his mind to look for better means and methods. To both of these we suggest that much that has been written upon the use of mild medicines—the galenicals in small doses—even infusions—given for their direct effects in the meeting of the symptoms as they arise in each individual case. Routine treatment, classic prescriptions, authoritative drugging kills! Beware!

A great deal of babbling is done over the food supply. Of course it is frequently, very frequently bad (and the profession, the scientific



part of it in many places, know it is bad, as they close their eyes upon a formaldehyde preserved milk supply.) But, a good, plain, common-sense, practical treatment of this share lies within the province of every physician. Let him use his prerogatives, as to the food and feeding in a *sensible* rather than in a *scientific* way. After what to feed has been decided upon, then comes the questions when to feed—and when not to feed. They are as essential as the first. Too much food is certainly as bad as too little—yea, worse. Then after the food has been taken and digestion and assimilation has failed, and it lies in the alimentary tract—a hot bed of culture media—for microbes of various makes and shape and sorts and sizes and religions use “intestinal antiseptics.” This whole idea in the treatment of any and all diseases is fraught with death. It’s an offspring of science but it is a child of hell—a man-killer. Physic of the right sort is better at all times and in all cases for all people than are intestinal antiseptics. A clean *prima via* breeds no disease, needs no antiseptics. Use judicious, not killing, measures in cleansing it. These are the foundations of good life-saving treatment. Next comes medication proper. We would be glad to rehearse this part, but it is not necessary. It has been propounded so frequently and in so many ways and places. Study it and restudy it, and depend upon this—the galenicals will do the work safely and well. There are two classes of cases, the relaxed and the not-relaxed. They need opposite acting remedies. The galenical antispasmodics are safe, sure, speedy. The galenical stimulants are just as reliable. Suit the treatment to each case.

BLOYER.

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### THE GROTESQUE IN PHARMACY.

That the word *grotesque* is not misapplied in the direction of certain pharmaceutical preparations, is the opinion of the writer. In fact, in some directions that appeal to the thoughtful pharmacist, it is perhaps the only word for the occasion. A lifetime’s experience in pharmaceutical manipulations, has now and then conspicuously illustrated the fact that the word *grotesque* is a fitting one. Let us take an example.

Thirty years ago, the elixir mania possessed medical and pharmaceutical thought in America. It was elixir this, and elixir that. Every simple drug, soluble or insoluble, became a prey to the elixir pharmacist. The results were often impositions, errors, as well as mistakes of judgment. In other directions, the most grotesque of combinations were concocted and compounded, or rather, it may be said, were asserted to be compounded. The labels were emblematical of the

artistic in lithography, and in contrast with the complexities within the bottle, increased the grotesqueness of it all. For example, the older readers of this paper may remember an elixir denominated Elixir of Pepsin, Bismuth, and Ptelia, a monstrosity by reason of the fact that any menstruum that will carry bismuth, destroys pepsin. A menstruum that will preserve pepsin, precipitates bismuth. And any menstruum that will dissolve either of these, will fail to dissolve the oleo-resinous complexity of ptelia. A grotesqueness equal to anything that the harlequin could produce, is such a thing as this. Again, we find the elixir of ammonium valerianate popularized as an elegant something. Whoever is acquainted with ammonium valerianate, comprehends that an aqueous solution develops its offensiveness; that pure alcohol dissolves it almost odorless; that a *dilution* is nauseatingly sickening. Hence, here again, it seems as though the term *grotesque*, is fairly applicable for in that elixir are found the extremes of the illogical.

Come now to the animal products that, possibly, in themselves, may have some value somewhere, for some things, but which, associated in the combinations they have been thrown into by laboratory pharmacists, for the use of practicing physicians, are typical of grotesqueness in pharmacy. Take pancreatin, for example, and pepsin. A solution that will hold one in any kind of vitality, destroys the other. Pancreatin does not act in an acid medium, and should not be given with acids, whilst pepsin does not act in an alkaline medium, and should not be given with an alkaline. Then, again, pancreatin, if authority is correct, in this direction requires an alkaline gastric juice, which if authority be correct, is not often a normal condition. In an *acid* gastric juice pancreatin is digested, as any other food is digested, and as a ferment, is destroyed. Let us not deny that in some directions a stomach may be too acid in reaction, and that a solution of pancreatin may be beneficial, by reason of the alkali present, which neutralizes the excess of acid. Probably, also, in like manner, the acid of a solution of pepsin may serve some people who need an acid in the stomach, which is associated with the pepsin solution. In such cases the alkali or the acid are the remedial agents, not the animal products.

Another grotesque touch is to be seen in this organic direction, where hydrochloric acid and trypsin are associated, for it is recorded by experimenters that hydrochloric acid destroys trypsin.

We remember when Dr. Squibb resigned from the Pharmacopœial Committee, at the meeting of that body in Saratoga, asserting that he could not remain a member of a committee where such substances

as the elixirs would be recognized as authority, under the official Pharmacopœial title. In corroboration of the foresight of Dr. Squibb it may be said that the Pharmacopœia of to-day contains but three elixirs, two of which are simply flavoring mediums, the third being a complexity that for this very reason will probably be excluded when the next edition of the Pharmacopœia appears.

In the direction of Eclectic medicines, incongruities that approach the grotesque in the line of elixirs, are sparingly found. It would surprise us to discover a reader of this article who advocates the employment of such incompatibles as have been conspicuously apparent in the therapy of the Regular school. We touched this subject fairly and candidly twenty years ago, both in journalistic literature and in book form, and whilst we did not use the word grotesque, in connection with the illogical combinations presented under elixir labels, we believe it to be applicable and have wonderingly marveled over the ingenuity of the devisers of the products that once swept the country, as do the occasional fads that in medicine come and go, as the years pass.

LLOYD.

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### WHITE DAISY.

During late June and early July the meadows, in New York, Pennsylvania, Ohio and contiguous states are white, in many places, with the flowers of this plant. It is not as objectionable to the farmers as many other weeds, for it is relished by cattle in the winter, when cured among the hay; though it hardly supplies the place, probably, of good timothy and clover.

This does not interest physicians so much, however, as the fact that the plant contains medicinal virtue which is worthy of investigation. During the present season the writer has had it under slight trial, and has been pleased with its influence in certain respects. It is an excellent and prompt remedy for exhausting sweats, and it thus acts, not only as a tonic, but as a gentle nervine, quieting nervous irritability and promoting rest at night, when the subject is troubled with insomnia.

The incentive to its first trial was the testimony of an old farmer, who stated that years ago, when a young man, he became afflicted with a very stubborn ague, which baffled all the doctors he tried, and which he was ultimately obliged to "wear out." The disappearance of the ague, which occurred after several months, was followed by exhausting night sweats, which were so profuse as to drench his clothing at night, and render him weak and good-for-noth-

ing during the day. A wise old dame in the neighborhood advised white daisy tea, and after exhausting the resources of the neighboring physicians, he concluded to give it a trial. Results were much better than he expected, and in a short time all traces of the weakening sweats had disappeared. That was many years ago, but he had seen it tried in numerous instances since, with the best of results.

It appears as though this agent is adapted to stubborn chronic cases, in which exhausting sweats are persistent. We have a number of remedies which act promptly to arrest profuse perspiration, but their influence is not always permanent. One of the best of these is picrotoxin, of which small doses of the third decimal trituration are reliable, but it is a question whether it exerts as good an influence over the attending unpleasantness often present in chronic disease as the white daisy.

Our experience thus far has been confined to the use of an infusion of the blossoms and green plant, covered with cold water and allowed to stand an hour after becoming heated, at the back of the stove. A tablespoonful or two of this has been taken every three or four hours. In order to test it further, a saturated tincture of the plant has been prepared, against the time when the supply of the fresh plant is exhausted.

WEBSTER.

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### **POLIOMYELITIS ANTERIOR.**

In the July Journal we briefly called the attention of its readers to Spastic Paralysis. To-day we wish to call their attention to another form of paralysis with which we frequently come in contact, and which is peculiarly a disease of childhood—Acute Anterior Poliomyelitis, or as it is commonly called “Infantile Spinal Paralysis.”

Some doubts still exist as to the causes of this disease, yet infection, traumatism, psychical disturbances and cold are said to be factors in its production; whilst often an antecedent history of scarlet fever, measles or gastro-intestinal disturbances are often obtained. In cases coming under our personal observation, we have traced it, as we thought, to traumatism, infection, and gastro-intestinal troubles; still the latter may have been only precursory symptoms, and again, no cause could with any degree of certainty be obtained. We have seen the child go to bed, apparently well and wake up in the morning, paralyzed.

The lesion is an acute inflammation of the gray matter of the anterior portion of the cord, superinduced by some toxic agent cir-

culating in the blood. Opportunities for an examination of the early changes in the cord have been meagre, owing to the small percentages of death in the early stages of the disease. A description of them must therefore be in a large measure deduced from the secondary changes found. Primarily there is a congestion and inflammation followed by a shrinking of the cord at the seat of the lesion, and a reduction in the number of the large ganglion cells, those that exist being shrunken and altered in shape. Both the gray and white matter are involved in the degenerative changes as well as are the anterior nerve roots. The muscles involved are also degenerated, the muscle fibres at times disappearing entirely. The affected limb is smaller and even shorter than its fellow. It is usual to describe the disease as being composed of four distinct periods; (a) of onset, the symptoms resembling those of an infectious disease; (b) of paralysis; (c) of retrogression, in which some of the paralyzed parts recover; (d) the chronic state; the parts affected becoming permanently paralyzed and atrophied. The stage of onset is usually characterized by fever, vomiting, pains in the limbs, and possibly convulsions and delirium. In a few days these symptoms subside and the paralysis is discovered. The most common error we have seen in this stage of the disease, is that of making the diagnosis of rheumatism or rheumatic fever, the paralytic condition being first discovered by the mother. We have also seen it mistaken, in its incipency, for a gastro-enteritis.

The paralysis at first wide-spread and possibly involving both extremities, usually the lower, is followed by a rapid improvement or retrogression and finally becomes permanent in one limb, or possibly in one group of muscles. The paralysis of motion is complete, though sensation need not be and usually is not. The paralysis is of the flaccid type and is soon followed by a rapid atrophy of the paralyzed muscles. This paralysis and atrophy is complete and permanent, leading thereby to a shortening and arrested growth of the entire limb. The reflexes are diminished or lost in the paralyzed limb, but the sphincters unlike a myelitis are not involved. Recreation to either the faradic or galvanic current is lost. If the muscles react to the galvanic current at all, it is but very sluggishly.

The differentiation is to be made between paralysis of the cerebral type and that resulting from a myelitis. As was said in the July Journal, when of the cerebral type, the paralysis is spastic in character, hemiplegic or diplegic; there is exaggerated reflexes and but little, if any atrophy. In myelitis, the paralysis is paraplegic, there is anæsthesia or loss of sensation. The sphincters are involved, but little atrophy and a tendency to bed sores. In poliomyelitis, the

paralysis is usually monoplegic; no loss of sensation, atrophy is rapid and it is acute in its onset.

The treatment at first consists of absolute rest in bed and the use of such remedies and measures as may be warranted by the constitutional conditions present. Baths to allay restlessness and fever, with the internal administration of aconite, veratrum, rhus tox., or gelsemium as may be indicated.

When the acute symptoms have subsided all measures must be used toward restoring tone and power to those muscles not completely degenerated; with the hope of a partial restoration at least. Massage, the routine use of electricity, either the galvanic or faradic current as may be deemed best, by the reaction obtained, must be persisted in. Some degree of permanent paralysis will result despite our efforts, but all should be done that can be, to limit the amount of degeneration and permanent injury.

MUNDY.

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### TALKING FOR EFFECT.

Little Jamie, eight years old, coming in from his play one morning, said to his mother, "Mother, our ash-man's an awful good man. Why, this morning when he set the can of ashes on the wagon the horse started up and the can fell right on his toes, and he just sat right down and took his foot upon his lap and talked to God about the horse."—*Chicago News*.

Many people get the same idea Jamie did when they hear others talking. The flow of words is seemingly unlimited, and the auditors failing to comprehend the force or depth of the harangue, give the speaker credit for an unlimited amount of knowledge. This applies in every vocation. During political campaigns the street corner orator or the itinerant expounder of that which will save the country impresses the majority of his hearers with a profound respect for his erudition.

The writer for a gold mine, or in fact any scheme for amassing untold wealth, while you sleep, also has the ability to make a large proportion of the people believe in the truth of what is written, and further aid in keeping the promoters in a comparative state of ease.

The ubiquitous manufacturer of drugs, in his zeal to benefit mankind, and also save the overworked physician from brain-fag, gets out letters, circulars, etc., innumerable, and the average doctor, not understanding the language, not only buys but endorses the much lauded remedy. It not only saves the wear and tear of brain substance not to be required to think, but it also gives more time to sit around and

tell the admiring crowd of prominent citizens what a wonderful fellow he is. The interspersion of some big words, it makes practically no difference whether they fit or not, is essential, because it shows that "Doc." knows his business. Especially true is this when he tells of curing Willie Smith of "pharyngeetis," or Sam Jones of "laryngeetis," the crowd will sit with eyes and mouth open and remark how smart "doc" is.

Yes! it simply exemplifies Jamie's remark to his mother. The words are not understood, and the pronunciation usually is so "bum" that it would keep one guessing at a lively rate to determine exactly what was meant. Unfortunately there are too many physicians who talk in terms that can not be understood when simpler language would suffice, but they think it gives them an air of learning, impresses their hearers and in their self-complacency they actually believe they are "it." Their talk is continuous and there is no evident cessation as long as there are any auditors. This class of people put me in mind of a squib I saw in some magazine, "many a feller what has a continyal hemerridge of advice wouldn't bleed wisdom if ye chopped his juggler vein in two."

FOLTZ.

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### GULP IT DOWN.

We have before us a recent news item in which Dr. Harvey W. Wiley, chief chemist of the Department of Agriculture for the United States, says "Don't chew your meat. Gulp it down in chunks. Mastication has no part in the digestion of meat. There is some reason for believing that chewing will make meat indigestible. The saliva is an alkali. Acids are needed for the conversion of flesh into the elements that nourish the human body. Too much chewing may raise the alkalinity of flesh used for food to such an extent as to seriously hamper the work of the stomach which alone has anything to do with the disposal of animal matter."

"Chewing of meat is unnecessary if not positively harmful. With vegetables, however, it is impossible to do too much grinding as all the digestion of vegetables is accomplished in the mouth and smaller intestines. If there is not enough mastication the work can not be done afterward."

Dr. Wiley has arrived at this conclusion through scientific experimentation. Natural deductions, however, undoubtedly bear out the Doctor's contentions.

The *carnivora* do not chew or masticate their food; the herbivora

do thoroughly grind theirs. Who ever saw a dog or other flesheating animal chew his meat? Who has not observed the horse, the cow and the sheep spend hours in grinding their food? They could not eat so continuously if they did not do so.

And while discussing the subject of meat-eating Dr. Wiley said some other things which have a tendency to make the advocates of meat broths, meat juice, extracts of beef, etc. etc., sit up and take notice. What he said was something like this: "There is no nourishment in broth, or in the so-called extract of meat. Every one of these so-called invalid foods made from meat is a fake of the worst kind. Extract of beef is absolutely without value as a food. A dog fed on beef extract for eleven days died of starvation. He was given all he could eat. The nourishment in meat lies in the fibre, not in the juices."

Dr. Wiley is about right. I have never been guilty of prescribing the many slops sold in the market as meat extracts, beef juices, etc., and extolled as the "spirit" of food products. With food as with drugs, I believe in the use of the whole product as nearly as may be and consider the whole batch of ready made pabulum as of no value and decidedly disgusting to a delicate palate.

I hope Dr. Wiley will succeed in pounding in, where it ought to be, some good hard sense, even if he has to use a club to do it.

STEPHENS.

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Dr. Jay Smith, of Glen Rock, Wy., tells us of some pleasant experience he had from the administration of polymnia and phytolacca alternated with calcium sulphide in a case of hereditary syphilis that had withstood the onslaught of scientific medicine—mercury and the iodides for a long time. Science is facts. Iodides and mercury are facts but they do not always cure. They are not always specifics. This will stand reiteration. *We have no specifics for disease names.*

BLOYER.

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Dr. Jay Smith, who has an excellent business at Glen Rock, Wyoming, writes us that in following our suggestion as to the use of pure carbolic acid to serious disturbances, two cases of phagdenic ulceration of the penis yielded very promptly. We still recommend its application to almost any surface that needs a rehabilitation. Full strength alcohol applied immediately after it prevents all unpleasant

BLOYER.



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## Original Communications.

### MITCHELLA REPENS.

By Herbert T. Webster, M. D., Oakland, Cal.

This is one of our old remedies, but one, according to my observation, which is not much employed by the younger members of the profession. Apparently, it does not receive as much notice as its true merits deserve. It is an important ingredient of an old preparation once greatly in vogue with our pioneers, known as "Mothers' Cordial," "Parturient Balm," etc., and this agent alone probably possesses all the virtue ascribed to that formula.

Mitchella is a small, creeping, evergreen plant, found in the woods in the Eastern and Middle States, and flourishing as far west at least as Eastern Ohio, with dark green foliage, leaves about the size and shape of the thumb nail, and bearing single berries about the size of a small currant which, when ripe, are pale red, and of a sweetish, dry, insipid taste. In its favorite haunt, beneath young hemlock, it often grows so luxuriantly as to form a complete mat or carpet.

The specific property of mitchella appears to be that of improving the power of reproduction in women. In a humorous article written by Professor Howe, years ago, mother's cordial was stated to have endowed a lady, who had lived sterile in wedlock many years previously, with reproductive power, and the birth of a viable child soon followed upon its protracted use. Continuing to take it, in due season she brought forth twins, and, still perserving, triplets appeared at the time of the third accouchment. At this stage of the game, the astonished and more than satisfied husband swore that he would have no more of the prolific stuff in the house. As an addenda, the writer stated that he could vouch for the truth of the story, for he had seen the children.

Leaving all jokes aside, mitchella is capable of bringing about some surprising results in this direction, as the writer's own observation attests. To mitchella he owed his spurs as a new-fledged obstetrician. During his initiative as a practitioner, small stature, smooth, unshaven face, rosy cheeks and immature years, conspired to complete so callow an appearance that the "boy doctor" was universally avoided by the ladies of the community as a medical adviser for all ills incident to their sex, and the newcomer was compelled to wrestle along with such cases as drifted to him among the men and children. Finally, after many "blue days," his landlady voiced a complaint that her eldest daughter, who had been married several years without offspring, aborted regularly at about three months, despite all the doctors could do for her, and had become very much discouraged over the prospect, as she was desirous of becoming a mother. As a last resort, she was determined to try the young doctor, if he held out any hope of success. Of course the young doctor had plenty of faith in himself,—what young doctor has not?—so the patient visited the lonely office for a consultation.

The result of all this was, that the patient was put upon tablespoonful doses of a decoction of mitchella repens, to be repeated four or five times daily. The fourth month was safely passed, and so were the remaining months of the period of gestation, and a few weeks before the important event of childbirth occurred the lady visited my office to inform me that, as I was the only physician who had been able to do her any good, I would be expected to attend her in confinement. A strong, viable baby was born, and "yours truly" was much elevated in his own estimation as an important personage in the community. This was an *open sesame* to a fine obstetrical practice, which never grew less in that community.

Some years after this, a newly married lady among my patrons, who had been rather delicate for years before, applied for treatment for profuse uterine hemorrhage, which occurred nearly every time she menstruated. The intermenstrual periods were usually prolonged to six or eight weeks, and careful investigation led to the conclusion that the hemorrhage was due, upon each occasion, to the separation of a blighted ovum. Mitchella was prescribed in this instance, and the hemorrhages ceased, conception followed, and the patient, in time, became the mother of a family of promising children. The writer has been associated with several similar cases during his career; cases in which nature made an abortive effect at reproduction, but in which the uterus lacked the energy to retain and nourish the ovum,

which in a few weeks would be cast off. Here is a specific place for mitchella—a specific indication, if you please.

In such cases as these the remedy ought to be used faithfully throughout the entire period of gestation, in order to continually encourage the functional activity of the uterus, and sustain the forces requisite to the needs of normal gestation.

Mitchella not only fortifies normal reproductive power in the female, but it is liable, when faithfully employed, to fit the prospective mother for an easy and speedy labor. I am not one of those who believe that every labor can be so arranged as to be painless and pleasant. Dystocia is something that we must expect to meet occasionally, but it may frequently be much mitigated, where the patient is known to be subject to it, by proper preparation during gestation.

A single case, by way of illustration of this use of the remedy, may here be described: Several years ago a young woman applied for treatment to prepare her for confinement, which she greatly dreaded. She had already given birth to two children, and on each occasion had suffered severely, especially during the first stage, the pains excruciating and the period greatly protracted. Mitchella was ordered in this case, an ounce of the specific medicine, an ounce of alcohol, and water added to fill a pint bottle; dose, a teaspoonful four times daily. This was used during three or four months of the latter portion of the period of gestation. When labor occurred, the child was born before I could get to the house, and the patient happily informed me that she suffered very little pain.

It is not probable that every case of labor can be made painless with the best of management, unless resort be had to an anesthetic; but there is no doubt that proper medication during pregnancy will often favor a mild and speedy delivery. In these days of ready resort to forceps, we do not think so favorably of therapeutic measures as our older men did, when instrumental aid was resorted to only in exceptional cases; and we are liable to correspondingly neglect some of the excellent measures in the shape of indigenous remedies employed by them to facilitate parturition with such success.

Mitchella repens probably stands at the head of the list, as a resort when we desire to favor the reproductive power of the female organs. If it is reserved for this alone we will not employ it often, but results will be very satisfactory whenever a demand arises for it.

It is important that we get as near the fresh plant as possible in using it. The only acceptable substitute for this that I have used is the specific medicine.

## PATHOLOGY AND HISTOLOGY OF TYPHOID.\*

By Benj. L. Simmons, M. D., Granville, Tenn.

The pathologic study of typhoid fever is both interesting and instructive.

The lesions it produces are both *primary* and *secondary*. The *primary* lesions are due to the direct effect of the typhoid toxin upon the lymph follicles of the intestines and other lymph glands. The *secondary* lesions are due to the long continued fever and, in some instances, to possibly a sort of secondary infection.

Pathology divides the *primary morbid* changes in Peyer's patches and solitary glands, generally into four stages—Infiltration, Necrosis or Sloughing, Stage of Ulceration, and Healing.

*Infiltration* invariably takes place. The lymph follicles become hyperplastic especially Peyer's glands in the ileum and near to the valve and to a less extent in the lower part of the jejunum. Sometimes the solitary glands in the small intestines and the colon and, rarely, the rectum become similarly infiltrated. At first the histologic changes, we are informed, consist in marked dilatation of the capillary blood-vessels, which later are more or less compressed by cell infiltration, giving the follicles a whitish anemic appearance. The mucosa and muscularis adjacent to the glandular structures may be similarly infiltrated.

From the **eighth to the twelfth day** the stage of infiltration ends either in resolution or necrosis and sloughing. The termination in resolution of all the glands involved is quite infrequent. The more frequent termination of the hyperplasia is in *necrosis* or *sloughing*.

*Necrosis* occurs, doubtless, in all the cases except the milder cases of infiltration. The compression and obstruction of the blood-vessels by the cell-infiltration necessarily leads to necrosis and slough. The necrosis may involve only the most superficial layers of the mucosa, or it may extend to the submucosa or muscularis. In a small per cent. of cases the necrosis may perforate the serous coat. The stage of necrosis begins from the eighth to the twelfth day and ends about the twenty-first day. The detachment of the necrosed tissue, proceeding from the periphery toward the center, leaves behind the typhoid ulcer.

The size and shape of the ulcers correspond to the necrosed areas. One gland of Peyer may present several ulcers separated by strips of mucous membrane. It is worth noting that in the lower segment

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\* Read before the Tennessee Eclectic Medical Association.

of the ileum ulcers may be numerous while in other parts of the gut the glands may be only hyperemic.

It is generally during the stage of ulceration that hemorrhages result. The erosion of a vessel by a separation of the slough is the accident that occasions it. However the swollen edges of the ulcer may produce small bleedings.

As perforation may occur in the stage of necrosis so it may occur in the stage of ulceration. It is estimated that perforation occurs in about six per cent. of cases.

The diarrhea is the result of the catarrhal state of the small and large intestine; since during necrosis and ulceration the mucosa of both small and large intestines is in a catarrhal condition.

*Healing*, as a rule, follows promptly the formation of an ulcer. The mesenteric glands are simultaneously affected with the intestinal glands.

The spleen becomes enlarged in most every case and occasionally ruptures. In the 2000 post mortems at the Munich Pathologic Institute, five cases of ruptured spleen were found.

Among the secondary lesions or complications may be mentioned the liver which becomes hyperemic and the kidneys, which, oftentimes, undergo parenchymatous degeneration. Bronchitis, pneumonia, hypostatic congestion of lungs, pleurisy, glandular abscesses, lesions of the heart, etc., one or more of which may be present.

The bronchitis is present in most of the cases. It results from a congested and catarrhal condition of bronchial mucous membrane. Meningitis is sometimes present. Other than that the nervous system exhibits no great lesions.

#### ETIOLOGY.

The etiology of typhoid fever is still a question of debate. A larger number of physicians accept the bacterial theory and yet many others reject it.

That a toxin produces the lesion is a dictum accepted by all. Is this toxin the bacillus of Eberth? The presence of that special bacillus is the corner stone of the theory of the bacterial origin of typhoid fever.

But is *this toxin the bacillus typhosus*—the bacillus of Eberth?

Those adhering to the bacterial origin of typhoid they rather differ. Some ascribe the typhoid phenomenon to the presence and distribution of the bacilli in the lymphoid glands and system generally.

Anders says, "The real poison of typhoid fever is most probably a chemical substance secreted by the bacillus—typho-toxin, and

Brieger has extracted the latter agent, finding that it produces the fever, nervous symptoms, and the other manifestations characteristic of the affection." This statement gives two positions or different view-points among those adhering to the bacterial theory. Certainly if the one is true, the other is an error.

That the facts seem to oppose the mere bacillus as the exciting causal factor, is very evident.

One fact is that these bacilli have been found when no typhoid resulted. Another fact is that "Smith and Termant in a study of the 1898 epidemic of typhoid fever in Belfast, failed to find typhoid bacilli in the water-supply, but were able to isolate a large number of varieties of the bacilli coli communis."

Then again, "It has been found that the ulcerative intestinal lesions produced by the inoculation of the bacilli or their toxins in large quantities into the blood of rabbits may also be caused by other bacteria, "including the bacillus coli commune."—Anders. Reviewing these facts we are forced in the first instance to conclude that the typhoid bacillus is not, to say the least, always harmful. From the Belfast report we are caused to accept an epidemic of typhoid fever when the Eberth bacillus is not in evidence. This incident sets aside the typhoid bacillus with its secretory glands, if any it has, and also, the rather affirms that this so much talked of bacillus is a negative agent in the production of typhoid fever. The last fact shows that different bacilli—different families of these micro-organisms—produced the same results upon Mr. Hare—to wit, intestinal ulceration.

Gentlemen, I have invariably held to the view that typhoid fever was produced by a toxin and that perhaps of animal origin. The modes of conveying the poison into the body are through swallowing and inhalation. Drinking water is the best medium of conveyance as is evidenced in different epidemics. I am free to admit that the attendants of typhoid cases should after handling the patient, bed-clothing, or chamber or bed-pan, thoroughly wash their hands lest poison be conveyed by their own hands to their mouths. The possibility of this direct transmission can not be denied.

The nature of this typhoid poison or the laws of its production may remain obscure for ages yet. Up to the present, research has thrown no great light upon it. The medium carrying this typhoid poison, e. g., water, may have in it the typhoid bacillus or some other bacillus or no bacillus at all, yet typhoid fever results just the same.

The typhoid toxin seems to have an especial affinity for Peyer's patches. The poison of diphtheria, though systemic, points most usually to the throat. The poison of cholera points to the gastro-

intestinal tract. The eruptive fevers establish their differential points upon the cuticular surface. Some medicines seem to have affinity for the kidneys, others for the heart, still others for the stomach, etc. The one is no more peculiar than the other, and yet we can not in our present state of lore explain either. We see the force manifested, we study its effects. The force itself we do not see. So the typhoid poison enters the body in which its force is elaborated. We study the phenomena of the force—its manifestations.

We see these manifestations in increased respiration, increased heart action, increased temperature (fever), in active delirium, in diarrhea, in hyperplastic glands, etc. We see the results of the force in ulceration and hemorrhage in enlarged spleen, etc.

We realize that had the poison never been introduced into the body no ill would have come of it. That outside of the body it is harmless. Inside the body the force of the poison is elaborated. Whether the law of Lubig—the law of molecularity—would be satisfactory or not, I feel sure that some future time will show that the real philosophy—the true explanation of the typhoid phenomenon rests in metabolism. It is, properly speaking, a disease of the young. The greatest period of selection is from 15 to 30 years of age. The tendency progressively decreasing as age advances beyond 30. Those under fifteen may have it, except infants under one year old in whom it is exceedingly rare. The poison has no respect of sex. The beautiful maiden, as well as male suitor, yields to its scourge. The seasons seem to exert a marked influence. The late summer and early autumn months afford the most cases. Still the other months may furnish many cases.

Individual predisposition in this disease is like individual predisposition in all acute lesions. The susceptibility differs in different individuals. Some have less resistance than others—the vital force, if you please, is more assertive in some than in others. The habits of life differ too. Then again one may be impaired in health, and going into a locality where the fever is prevalent, become a recipient of it.

In conclusion I wish to commend the study of the etiology of this fever as well as the etiology of all lesions to our thoughtful investigation. May our efforts be crowned with truth and may we not be switched from right by any wave of fadism.

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In amputations below the knee, insist on active and passive motion in the knee joint at an early date. If this is not done contracture ensues, which makes the application of an artificial limb difficult.

## THE TABLET QUESTION.

By Brose Horne, M. D., Gas City, Ind.

"The strenuous man is not the soldier on horseback with saber drawn, but rather the man with folded arms who sees a new truth and utters it regardless of consequences."

From time immemorial we discover from the study of the history of medicine, that the great majority of physicians have failed to practice medicine as it should have been practiced. Of late years, *Medical Commercialism* has ruled the medical press, and in a shrewd fashion fostered upon the profession a Nosological Therapeutics, i. e., treating the name of the disease with a prepared formula instead of treating the diseased lesions as they present themselves. Sad as it may seem, but nevertheless true, the average physician is a dependent, groping in the dark, searching for a set formula to cure some named disease or an elixir of life. The writer fully appreciates the power of medical commercialism; he well knows that he will be called a "crank" and a "knave," as those have been who dared attack this evil in the past, but truth will live, and it is our duty to tell it, *free from malice*, leaving the issue to be settled by those most concerned.

The average practitioner of medicine to-day practices by a circular sent out by some *Tablet House*, or some manufacturer, which is on a parallel with a person taking patent medicine after reading a newspaper advertisement or an almanac. This nosological Therapeutics, treating named diseases instead of pathological lesions, has evolved by the assistance of *Medical Commercialism*, a new and very harmful form a medication, namely—dispensing "Ready Made"—"Hand me down" Tablets, with the name of the diseases on the bottles; so we find that to-day the *Tablet Question* is the bane of true Therapeutics. If followed and generally adopted it would destroy the physician's individuality.

Originality will perish, and the average practitioner of medicine will become nothing more or less than a patent medicine vender, who will rush into a patient's house, feel his pulse, look at his tongue, dispense a few "pink pills" for "pale people," and rush out again. A writer in the N. A. R. D. notes of April 4th, 1907, has the following to say: "The cheap tablet manufacturers have machines run by steam power, which make by compression hundreds of tablets a minute, and then these tablets are packed in cans by *Boys and Girls*; often mistakes are made by these boys and girls who put them, by packing them in the wrong bottles or cans, or improperly labeling them. A girl in



a large city, put the heart tablets in the purgative bottle, and vice versa. The tablets were sent out thus labeled, and a physician of New York State was one of the first to discover the error. He had a patient with heart trouble, and he gave the heart tablets as he supposed, but without relief, except a severe purgative action, and he had to write for a liquid prescription which saved the patient's life. Several other physicians in different parts of the country discovered the mistake about the same time."

Tablets are sold to physicians and druggists at a very low price: *They are the cheapest kind of medicine*, and they are often compressed so hard that they *do not dissolve* when taken by a patient and hence *do no good*. This writer also says, "Liquid medicines and freshly made powders act the most promptly and satisfactorily in all cases of illness, especially when the stomach and absorbent functions are impaired, or are not in good working order."

The best results always come from freshly prepared medicines; medicine is such a vast study that few are willing to give the time necessary for its proper acquirement, but on the contrary shirking their honest duty to become the lazy tool of some patent medicine house, expecting them to do his thinking for him, as well as to prepare, box, and label his medicine for each case. From a scientific standpoint every physician should originate his own formulas. When a person is suffering from disease the stomach is weak, and it is an undisputed fact that no substance is taken up until it reaches a stage of solution in the digestive canal. *If this be true why give a tablet, or a pill that can be driven in a board*, or that you can place in a muzzle loaded shot gun and destroy the panels of a door.

A few days ago a certain man of my acquaintance was given several pills for a purgative; after taking several he obtained no results; becoming disgusted he administered "unto himself" some castor oil; the bowels moved and in the evacuation was seven of the beautiful black pills, "just as natural" as they were before they were taken. If this man should have developed appendicitis no doubt in the removal of the appendix, a few pills would have been found hidden away in this "tail of man." Another unfortunate individual was suffering from a head-ache; he was given seven tablets and told to take one every hour until relieved. He managed to take five;—they cured the head-ache—for the man is dead. He no doubt took one tablet and obtained no results. He took another, and another. The tablets did not dissolve; from some cause or another they all dissolved at once and he obtained the poisonous action, instead of the medicinal action of the drugs.

There is only one question before the medical profession to-day; viz—Patent Medicine, or *no* Patent Medicine. *Tablets* for *named* diseases, or individual properly prepared formulas for each individual case at hand.

The tablet question is a dangerous question; it threatens the very foundation of the art. Scientific pharmacy will disappear. The *true* science of Therapeutics will be a thing of the past, if these “Hand me down”—“Ready-made”—tablets are permitted to rule the physician’s practice. In consultation with a physician a few days ago, when we were discussing the treatment, in reply to my question about treatment, he said, “I am giving a cough tablet made by ———; as to its composition I do not remember just the exact formula.” The tablets are convenient. They are also cheap; too cheap, and too convenient. A physician can administer without thinking, and consequently his practice is a routine. He becomes a dependant on some Tablet House for his therapeutic knowledge. Drugs that are unabsorbed in the stomach, or bowels, are of no more use than they are when in the bottle on the shelf. Many drugs can not be reduced to a dry state without losing their therapeutic value—and still we find them in the dry ready made tablets. The compressed tablets, pills, and granules, so beautifully coated and so pleasant to take, are a compact mass, and are slow to act. They are frequently *inert*, because they do not dissolve; or are not assimilated. They are frequently dangerous for the reason that a definite time can not be settled upon when they will act, or be dissolved; consequently there is danger that too many will be given, and they will all be dissolved at once—and a toxic action may be obtained.

Scientific facts demonstrate beyond disputation that if a remedy is given in solution its absorption is more rapid and the effects of the drug are obtained and controlled more easily than by any other method of administration. If this be true, and it can not be disputed, why perpetuate this harmful form of medication, that has as its foundation a form of *patent medicine commercialism* that threatens so seriously the science and art of true Therapeutics? Personally I want to ask if those who are behind Alkaloidal Therapeutics wish to comply with the true demand of science why do they continue to push their *tablets and granules*? why not prepare their *active principles* in solution? But I understand one firm does prepare them in solution. I have no time to deal with alkaloidal therapeutics now, but I never obtained as good a result from the *Macrotin* as can be obtained from a good reliable Fluid Macrotys—like Lloyds. Some may think the tablet question is a small question, but it is a

most serious question. The routine dabbler in physics, who is ever ready to adopt the easy system of practice, finds the tablet system—and it has become a system—just to his liking. Let us admit that he who dispenses the “Ready-made Tablet” can attend to ten patients while the other fellow who prepares his powders and liquids attends to one. Also let us admit that they are cheap and convenient; that possibly the fellow who prepares his own medicine can not grab the dollar so fast. But with all these admissions the *honest physician* who believes in Therapeutics—who *desires to do good*—will not suffer himself to become a tool in the hands of Medical Commercialism.

If office dispensing is tending to lead us to the Tablet System—then I say down with office dispensing; let us hunt for an honest Apothecary, and if we have not the time or the desire to prepare our liquid medicines and powders we can write R’s, and the people will soon appreciate the difference in results and be willing to follow the man who follows the true science of medicine. The Tablet Question is the most serious question that has come before the profession in its history. It is the result of that old system of nosological Therapeutics that has only superstition behind it.

If the profession does not dispose of the Tablet Question in the course of time the Laity will do it for them, because the people are more enlightened nowadays, than in the past; and they will reason that it is foolishness to go to a physician who has no individuality—go to a man who will only give a few patent medicine tablets, or Ready-made Tablets, and pay him an extra fee, when they can buy *liquid patent medicine with the name of the disease on the bottle for less money*, and have some assurance that they will get some action for their money. If the Tablet system is correct then the patent medicine idea is correct. Tablets must go—consultation with the Tablet Doctors is a fraud and a waste of time. Therapeutics can not be advanced by the talking over of some proprietary Ready-made Tablets. No one suit of clothes can be made that will fit every man, nor can any one tablet for “*cough*”—or for “*fever*” be made that will cure every case of the named trouble. Every time a man prepares a formula he advances his Therapeutic knowledge. No man can prepare a formula and feel safe unless he keeps the action, use and dose of the drug to be prescribed in mind. A close study of Therapeutics is the great need of the day.

**SANITARY SCIENCE.**

**By James Burke, M. D., Manitowoc, Wis.**

Sanitary science is one of the benevolent entities of our time, but the prestige of personal liberty, coupled with the general lack of the science of personal hygiene, prevents the people from reaping the full benefit. Every person is or ought to be a helpful factor to general progress; the more perfect knowledge of self he can possess, the better are his potentialities in the right direction. Our duties are paramount to the promotion of the servicable utility succeeding generations of human beings. An optimist and doer of things possesses good digestion and assimilation; the pessimist has the opposite physical function. Habits rule us absolutely, under conditions favorable to their reign; youth is the seed-sowing time of life; the soil is of the combination of hereditary cellular organization and the culture of environment. 'Tis not what a man eats, but what he properly digests and assimilates, and transmutes, that becomes a normal part of him; imperfect digestion burdens the blood and other tissues with foreign substances which change metabolism and produce a consequent physical and mental status.

Nitrogenous compounds form the bulk of our physical organization; developmental and digestive ferments, protoplasm, the leucomaines and ptomaines, and the vegetable alkaloids and other active principles of our pharmacopeal medicines are all of proteid origin, and their primary, component units are chemico-biologically interchangeable, under favorable conditions. Ptomaines are cadaveric alkaloids derived from animal proteid matter—dead flesh in return to simpler, component units; leucomaines are unfinished, catabolic proteid; an alkaloid is a crystalline or morpuous base of vegetable or animal proteid matter, being a slightly alkaline base, whose chemical union with acids retains the hydrogen of the acid in the resulting compound. With the digestion of the proteid matter of our food, normal conditions prevailing, the fragmentation by the three principal ferments results in the quality of amino-acids requisite to their reconstruction into protein homologous with the host's tissues. While, with abnormal digestive environment, but a minor part of the protein can be reconstructed into homologous protein, leaving the major part, of the heterologous kind, which is nearly all absorbed into the blood, there to be acted on by the tissues in the effort to convert it into homologous protein; but failing in such vicarious function, this foreign protein is stored away in the tissues, till physical, chemie or medical interference resolve it out of the tissues into the solvent form and into the blood and fluids, where it has a potentiality for

good or for evil; for good if it finds there an affinitive chemico-biologic entity capable of making of it a complete excretory product. Different chemico-biologic arrangement of the animo-acids produces different varieties in many grades of composition—from the benevolent to the most poisonous alkaloid.

From the allied chemico-biologic composition of the vegetable alkaloids and the leucomaines, and their ability either to neutralize the other, the alkaloids are rational antidotes to toxin or leucomain poisoning in acute or chronic disease. Strychnine neutralizes the asthmatic leucomain; colchicine, the rheumatic leucomain; veratrine, the eclamptic leucomain; and mercury and iodine destroy enough of proteid of the host's tissues to form a leucomain to neutralize the syphilitic leucomain. Most of the leucomain material comes from the heterologous protein of bad digestion. In digression from the path of health, the bowels should be cleaned out, the villi and other intestinal glands should be freed from the residue of heterologous protein, and subsequently, the bowel contents must be made aseptic to prevent further fermentation of contents, by the use of the sulphocarbolates, acetozone, alphozone or any of the aromatic antiseptics. The mentholated sulphocarbolates are very effective. Sulphate of copper in Hahnemannian doses, or less, has the reputation of purifying water.

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### FOOD IS FOOD, ETC.

By W. C. Cooper, M. D., Cleves, O.

I beg you, doctor, not to grow impatient with Cooper because he is forever hammering at fundamentals. Cooper thinks he knows what he is about; he thinks he knows that it is the perpetual dropping of water that wears the hole in the stone, and he thinks he knows that medical conservatism is tougher than stone. He has not forgotten how Professor J. M. Scudder hammered at Specific Medication two-thirds of a lifetime in order to make it stick. He was wise enough to understand the setness of orthodoxy, and knowing he was right, he kept pounding. He pounded his life and soul into that new idea, and we are enjoying the benefit of that long siege of conscientious toil. He wanted to replace the uncertainties of the law of similars, and the haphazardism of "regular" medicine, with that directness in medication which only results from *clinical* tests. It is proper, therefore, to denominate his idea as *new*. Now *my* idea is *new*. No other man, dead or living, ever conceived it; or if he did he did not teach it. But mere newness counts for little or nothing—most frequently, the latter. Christian Science has the merit of

newness—its only merit. This is true of a score of new medical theories. No theory can be true into which enters an appeal to supercredulity, or superstition. This is an element of most doctrines, whether of medicine or religion. A system based on assumption or presumption, or on anything but axioms and empirical facts, is not a science, whatever else it may be. My philosophy of therapeutics rests on axioms and known facts, and I challenge any man living to show to the contrary. I ask my brethren to test it by the most rigorous logic and exacting practice. I am either right, or I am wrong. If I am right, most of you are more or less wrong. You do not want to be wrong; I do not want to be wrong. Then weigh what I have to say, and if you can establish that my position is wrong, I'll shut up forever. If you can not do it, then yield to the truth and practice medicine *scientifically*.

Have I satisfied you that a drug is one thing and that a food is another? If so, you are qualified to enter sympathetically into the following discussion of the relation of this axiom—a drug is a drug, and a food is a food—to practical therapeutics. Being a reasonable and thoughtful physician, you will agree that any material deviation from *causal* treatment, is a deviation from *true* therapeutics, and is, therefore, malpractice. I have said, "material deviation," because emergencies arise in which humanity often replaces scientific exactitude. As yet—in concession to the demands of a suffering one—we often employ anodynes. This involves a suspension of curative treatment, but since it is not always certain that your treatment is curative, the risk to the patient is frequently not great. Besides, whether pain is as injurious to the patient as the cause of it is, often becomes a question. Still, when the judicious physician administers an analgesic, he feels that he is choosing the lesser of two evils—he does not experience the *healing* sense.

There is but one way to remove an effect, and that way is to remove its cause. No sane person will deny this. Now if a drug is a food, you are justified in the attempt to *directly* feed a tissue. From time immemorial, the profession has accepted as truth, the fallacy that chemical iron is a blood food. So, through all the dark chiliads of the medical past, they have been pouring iron down the innocent throats of anemics without a particle of reference to the *cause* of the anemia. All this time they have been violating that great fundamental of therapeutics which bases legitimacy upon causal treatment. It always has been, and is now, pure symptom-whackery. A belief in the possible identity of foods and drugs infallibly forces the doctor to accept an effect as the cause; thus, it

forces him to construe the *symptom*, anemia, to be a disease. I need not remind you that to accept the effect as the cause, is to exactly reverse the truth, and per consequence to adopt exactly the wrong treatment. Do you see it, doctor? More anon.

### ENTEROCOLITIS.\*

By J. O. Cummins, M. D., Nashville, Tenn.

Acute catarrhal enteritis, acute intestinal catarrh, and acute diarrhea are the several names applied to this disease.

Is is an acute catarrhal inflammation of all or a part of the intestinal tract and characterized by frequent mucous diarrheal stools with or without pain. This disease is confined to no age or climate, however, the great majority of cases are found in children under two years of age, and in the warmer climates. Age and season are the most important predisposing causes. Up to the age of two years children are far more susceptible to gastro-intestinal disorders than after that period, as their digestive apparatus is but feebly developed, thereby making improper feeding much more detrimental to their health.

We meet the vast majority of these cases during the months of June, July, August and September, as the quality of food of all kinds is subject to quick deterioration in this hot season, and especially so with fruits and vegetables which are consumed in large quantities by all ages, the baby not excepted, as it must have its portion if it has to pick it from the floor or out of the grass.

Solid food alone is not responsible for all our bowel disturbances; the consumption of polluted water, or too much ice water will produce intestinal disorders; while milk in the hot season probably produces more trouble, especially in small children than any other one article of diet. It is easily contaminated with any kind of infection; and ferments quickly, either of which renders it unfit for food for small children.

Food of good quality taken in excessive quantities will produce an irritation resulting in enterocolitis; drastic purgation, the ingestion of strong acids or alkalies, arsenic or any irritating chemical might be mentioned as a cause; as also may be sudden atmospheric changes, severe mental emotion and fright.

Enterocolitis may come up secondarily, following typhoid fever, dysentery, measles, pneumonia, portal congestion, etc.

The pathology of enterocolitis is that of engorgement, the mucous membrane is congested, red and swollen, though when the inflam-

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\* Read before the Tennessee Eclectic Medical Association.

matory process continues for a long time the redness subsides and the mucous membrane becomes pale and relaxed, the intestinal glands become necrotic, giving rise to follicular ulcers, the mesenteric glands are usually swollen and hyperemic. These last named conditions usually obtain in the chronic form of the disease.

The most characteristic symptom of this disease is the diarrhoea, which is usually early attended with pain of a griping character. This griping pain depends somewhat upon the extent to which the colon is involved, as the more of the colon involved the more constant the desire to stool, and the more the tenesmus will simulate that of dysentery. The number of stools may vary from three or four to twenty or more in twenty-four hours. They may be mostly mucous, or watery and feculent; the mucus may contain specks of blood, or particles of undigested food. Where the small intestine is the seat of the disease there will be quite a good deal of rumbling in the bowels due to increased peristalsis. We generally find the tongue elongated with reddened tip and edges, thirst is very marked, skin dry and hot, temperature elevated though usually not very high. Nausea and vomiting are usually present, especially in children; and convulsions are not uncommon in children of a nervous temperament.

In children and very old people the skin may become relaxed, cool and clammy, in which instance there is danger of collapse.

Generally the diagnosis is not very difficult; to differentiate enterocolitis from dysentery, we have but to consider the great amount of tenesmus and the characteristic bloody mucous stool of the latter. We might confuse enterocolitis with typhoid fever. We have then to compare the high range of temperature, the enlargement of the spleen, the rose colored eruption and other characteristics of typhoid to differentiate them.

The prognosis is generally favorable. The vast majority of cases of enterocolitis, when seen early, will show evidence of accumulations of irritating matter in the intestinal canal, usually fecal in character; and in such cases in children I prefer to unload the bowel with laxilene or laxol as they take this form of castor oil usually with but little trouble. In my experience castor oil is much better for children than the salines, while in older subjects the same condition is better met by saline laxatives. We must thoroughly cleanse the intestinal tract, as other indicated treatment of any kind will avail but little with a lot of irritating substances in the canal to keep the trouble going.

We have the elongated tongue with reddened tip and edges in which case we would administer the oil or salines as above referred



to; however, sometimes the opposite condition obtains, that is, we see the broad, heavily coated tongue, with full tissues indicating podophyllin 2x, this we would give in dose according to age of patient and frequently repeat until the desired results are obtained.

When the tongue is elongated with red tip and edges, generally slight rise of temperature with small frequent pulse, we prescribe the following according to age, R. sp. aconite gtt ij to iij, sp. ipecac gtt iij to x, neutralizing cordial dr. ij to viij, water q. s. oz. iv M. One teaspoonful every one to two hours.

If much griping pain is present add to the above sp. colocynth gtt j to v. Dioscorea would be indicated by soreness and tenderness over the abdomen. Pain in the bowel pointing to the umbilical region, with tongue broad and coated, and relaxed skin calls for nux.

Some of these cases present a greenish watery discharge, with nausea and vomiting in which case I would give sub-nitrate of Bismuth, or what I like better in cases of small children is the elixir of Bismuth of which may be added to the aconite and ipecac mixture oz. ss to oz. iss. Rhus tox is indicated by sudden awakening as if frightened, and general nervous irritation with nausea, gtt iij to x water oz. iv M.

We frequently find a great deal of cerebral irritation characterized by continued restlessness. The child is very wakeful, rolling head from side to side and crying, in such cases. Passiflora and Mag. Phos. can be relied upon to relieve the patient.

When the stools are frequent and painful flushing the bowel well with weak saline solution or what I think is better a weak solution of sulpho-carbolate of zinc will give great relief and hasten recovery. When tenesmus is very annoying the old injection of starch water and laudanum will give much rest and relief. Tender and tympanitic abdomen should be gently rubbed every three or four hours with a mixture of Camphor and Turpentine aa. oz. ss, and Alcohol oz. j M.

The diet in enterocolitis should be as bland and light as possible, consisting of milk, albumen water, light lamb or chicken broth, light barley water or malted milk. This diet proposition will greatly tax the best judgment of the physician, as each case must be a law unto itself. It is often best to withhold all food for twenty-four hours or longer, and then give only minute quantities at long intervals.

Thirst is best controlled by allowing the patient to have small quantities of cracked ice at frequent intervals, or frequent sips of albumen water.

These patients should be kept absolutely quiet, they should use the bed pan, and not be allowed to get out of bed.

**DIFFERENTIAL DIAGNOSIS OF APPENDICITIS.\***

**By A. B. Young, M. D., Brownsville, Tenn.**

The diagnosis of appendicitis is ordinarily quite simple, when the three cardinal symptoms, viz.: abdominal pain, tenderness and rigidity, are present; and the number of errors is small compared with the number of cases reported. Still, numerous complications are met with in which the diagnostician is put to "his wits end" to make a differential diagnosis between the various troubles or diseases simulating appendicitis.

The amount of manipulation necessary to make a complete diagnosis should be of the very slightest possible kind. Anything more than very light manipulation in one of these cases must be accompanied by a certain amount of danger, because we do not know the thickness of the barrier between the abscess cavity and the peritoneum.

The method of leucocytosis or examination of the blood has been recently suggested as more accurate than the ordinary clinical methods available in making a differential diagnosis in appendicitis. With pus and abscess formation, there is an increased number of leucocytes, the increase being proportionate to the amount of pus formation. If there is no leucocytosis the case is **either not appendicitis**, or one of the catarrhal form and extremely mild, or very severe and gangrenous, the patient being in a moribund condition.

Hyper-leucocytosis at once differentiates a suppurative appendicitis from simple colitis, typhoid fever, ovarian neuralgia, impaction of faeces and floating kidney. By this white blood count, it is said that pus can be detected within twenty-four hours, and an unfavorable prognosis converted into a favorable one. This method of differential diagnosis and prognosis should be given a trial wherever circumstances will admit.

The majority of errors in diagnosis of intra-abdominal inflammations consists in mistaking atypical forms for other morbid conditions. Thus cases regarded as appendicitis upon operation have proved to be other and unsuspected pathological processes.

A reliable differential diagnosis can be made only by a careful consideration of all the details, and as I can not give all the details here, and as a superficial discussion is of little value, I will have to refer you for most of the details to the special works or text-books on symptomatology, and shall here limit my remarks to the consideration of only a few of the most important points.

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\* Read before the Tennessee Eclectic Medical Association.

In the very early stages, when there is much pain, the following conditions are to be considered, viz.: renal, intestinal and biliary colic, gastralgia, cystitis, etc. And in women, disorders of the uterus, adnexa, and pelvic cellular tissue, especially ovarian neuralgia and salpingitis.

Renal colic and cystitis may be differentiated from appendicitis by the board-like rigidity of the abdominal muscles in the region of the appendix, and by the peculiar pain which is intense and unremitting, being referred to the bladder and genitals. The bladder is irritable, with a constant tenesmus, and the urine will be found to contain blood, which may be detected microscopically, if not by the naked eye; and as a rule vomiting and fever are usually absent. We differentiate appendicitis from gall stone colic or cholecystitis with peritonitis, by the pain being higher up in the right scapula region, passing around to the epigastric region. The pain is of a more severe cutting type in the passage of gall stones; beginning abruptly, and in many cases jaundice makes its appearance in a very short time. Pains are produced by palpation over the regions of the gall bladder, and absence of pain in the region of the appendix, with no rigidity of the muscles in the latter region; also, absence of fever in the beginning of biliary colic, whereas, in the beginning of appendicitis, as a rule, there will be a rise of temperature. In cholecystitis there will be a rise of temperature, with more or less tension of the muscular structures, with great pain in the region of the gall bladder; but there will be little or no pain on pressure or palpation in the right iliac region over the appendix, which marks the difference.

To differentiate between gastralgia, intestinal colic, acute indigestion, and the beginning of appendicitis, is sometimes a difficult undertaking; as a mild type of appendicitis sometimes very closely simulates acute indigestion, with derangement of the stomach and small intestine. But this acute gastric disturbance can usually be cleared up by the judicious use of the proper remedies, and the non-appearance of the more typical symptoms of appendicitis, makes the diagnosis quite clear.

Acute intestinal obstruction or intussusception, may simulate appendicular disease. We must keep in mind that this is a condition which is chiefly met with in childhood; that it comes on abruptly, usually without rise of temperature; there is complete constipation, with rectal tenesmus and passage of bloody mucus. If a tumor appear it is not so painful and is quite movable.

A strangulated femoral hernia in a corpulent person might be mistaken for appendicitis, since it is not always easy to make out a small protrusion through the femoral ring of an obese person. It must not be forgotten in this connection, that coughing does not produce an impulse in strangulated hernia, and there is no rise of temperature, nor the tenderness observed over McBurnie's point, as in appendicitis.

Typhoid fever and appendicitis have been confused and mistaken one for the other. In the beginning of typhoid fever there is usually observed a longer period of malaise, with a gradual rise of temperature. The patient will bear palpation without much complaint, there being little or no pain in the iliac region. The general picture of a typhoid case differs so greatly from that of appendicitis that the experienced clinician should have little trouble in distinguishing one from the other. However, in long drawn out cases, without a previous history, it is not an easy matter to differentiate between sloughing and perforation in typhoid fever and that of gangrenous and perforating appendicitis.

To diagnose a case of appendicitis when the appendix is abnormally long, or when it is displaced, together with the caecum, may be very difficult or even impossible. In such cases a true peri-appendicular inflammation and swelling may be taken for a perinephritic, or for a gall bladder trouble. Or again, the tumor may be found in the region of the umbilicus, or even, as has been recorded, in the left iliac fossa, and in the pelvis. In such cases, particularly when the previous history is obscure, the diagnosis becomes very difficult or even impossible, without making an exploratory incision into the abdominal and peritoneal cavities.

In women, diagnosis must be made between appendicitis and diseases of the uterus and right adnexa, including tubo-ovarian diseases, tumors, salpingitis, etc. To make a differential diagnosis in these cases will frequently be found a difficult matter to accomplish. Examination of the genito-urinary organs will sometimes establish a differential diagnosis, the hymen being found intact, and by bimanual examination one can usually determine whether the inflammation or induration and tumefaction is in the pelvis and connected to, or in relation with, the uterus.

Inflammation of the right tube and ovary and of the appendix may occur at the same time, and we have in both rapid pulse, rise of temperature, pain, vomiting and tympanites. In such cases the diagnosis may be very difficult. However, appendicitis begins more

acutely, the pains being more violent, with marked rigidity of the abdominal muscles; or if it be a chronic case, there is a history of one or more former sharp and sudden attacks. Lesions of the tubes and ovaries are usually of older date and have a history of menstrual disorder. The pains are dull and heavy and not so lancinating, unless the peritoneum be involved. Vomiting is more common in appendicitis, and rigidity of the abdominal muscles over the right iliac region is almost always present.

These constitute the principal differential signs between acute appendicitis and salpingitis; also between appendicitis and various other troubles or diseases of the uterus and right adnexa.

Judgment should not be too hastily passed on tumors in the right iliac or caecal region, for mistakes are frequently made by physicians and surgeons of distinction, and an operation or opening of the abdominal cavity becomes necessary to clear up the diagnosis; as happened in the case of a little eight-year-old girl, which recently came under my observation. The child had had several attacks of what was supposed to be recurrent appendicitis. The last attack occurred in January last, when several physicians were called in consultation, all of whom pronounced it appendicitis, and, as the ordinary therapeutic treatment proved of little effect, an operation was advised. The patient was taken to Nashville and placed in the hands of a distinguished surgeon, who concurred in the former diagnosis. But upon operation, an ovarian tumor of considerable size, filled with a cartilaginous substance and a tuft of hair, was revealed, which the operating surgeon said was caused by a double conception, and instead of twins being formed in the mother's womb, by some peculiar freak of nature the child's ovary became affected, making this one of the rarest cases of the kind on record. The operation was a success and the patient made a rapid and complete recovery.

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### RADEMACHER'S ORGAN REMEDIES.

By A. A. Ramseyer, M. D., Salt Lake City, Utah.

[Continued from page 396.]

Once a man of the poorer class who had the jaundice in a high degree came to me. When I asked him if he had used any remedy he answered that he had only used a house remedy, viz. the juice of celandine, four times a day a thimbleful; but instead of getting better, his disease got worse; for, after using this remedy a fortnight, the color of his skin had changed from a bright to a dark yellow, and the epigastric region had become so tense that it scared

him and therefore he desired my help. I gave this man one ounce of celandine tincture, and told him to take fifteen drops five times a day. After using up this ounce, he came again, and I heard that the bile was again flowing freely into the intestinal canal, for his excrements were again brown. I now gave him one more ounce of tincture, directing him to use it four times a day, until his skin had entirely lost its yellow color. He recovered entirely without further mishap. This case which has nothing particular is instructive in that it proves that the beneficial action of the celandine is seen by the physician only who knows how to use it in proper doses.

Later I have met chronic diseases of the liver which I cured with two or three drops of tincture administered four or five times a day. In the summer of 1835 we had celandine diseases of the liver in which one half, at most, one, scruple was generally the proper daily dose, which dose was divided into 16 portions diluted with water. An adult girl who had a strong sympathetic fever, a violent cough and diarrhea with tenesmus was cured with one drop doses of the tincture diluted in half a cup of water four times a day.

As I shall more than once in the following pages call the attention of the reader to the efficacy of small doses (but without rejecting the greater ones), my readers could think that in this particular I incline towards homoeopathy. To say nothing of the fact that my smallest doses are really gigantic compared with those of Hahnemann, I am far from asserting that the time in which I live

\* \* could have had no effect on me. But I can declare this positively: Helmont first gave me the idea that small doses can have great efficacy; but its importance only then dawned upon me since I learned how necessary is the investigation of the primarily affected organ for the healing of many diseases, especially acute fevers, and since I have, through diligent observation of the nature, rectified my early, raw ideas of primary diseases of organs.

#### COMBINATION OF THE MURIATE OF LIME WITH THE TINCTURE OF CELANDINE.

This combination is as follows:

R—Liq. calcariae muriat., oz. ii; Tinct. chelidonii, dr. i. M.

I have become convinced that there exists in nature a disease of the liver which this mixture alone can cure. Here is its history.

For a considerable time down to June, 1830, there was a prevalence of diseases of the liver which could be cured with *nux vomica*. During said month I was called to a man who, judging from his symptoms, seemed to suffer from the same epidemic disease. The fever was moderate, and showed daily distinct, though irregular remissions.

The urine was dark yellow, the thirst moderate, the headache tolerable, with no sign of abnormal secretion of bile. In short the whole group of symptoms had nothing stormy or suspicious. I gave him a preparation of *nux vomica* which, as said, had already proved a sure remedy for a considerable time before. In spite of the apparent benignity of the fever it would not give way, but became more and more serious. It was a liver affection, as shown by the yellow urine and the absence of all other symptoms which could have pointed to another affected organ. There was no abnormal, acrid bile in the stomach, or in the intestinal canal; this was shown by the absence of all known abdominal pains which would betray such a condition. Since it was no *nux vomica* disease, its nature had to be investigated by further tests. I tried all hepatic remedies, but all in vain. Gradually suspicious symptoms made their appearance, such as a little doting, a little diarrhea, a little twitching of the muscles. Weighing all the circumstances, I came to the belief that I had met a new disease of the liver, *i. e.* one that had never shown itself before. It is really a hard task to investigate the nature of such an unknown sickness. In examining by palpation the patient's abdomen to discover perhaps something that had escaped my notice or some new symptom, I found in the right side of the gastric region a spot that was more sensitive to the pressure of my finger than the rest of the belly. Is it possible, I thought, that the stomach is sympathetically affected, and that the sympathetic affection of this organ is becoming, or perhaps has already become a primary affection? I could not decide in my mind, but concluded to make a trial which could not be dangerous, as it was made with drugs that were not harmful.

Accordingly I gave the patient a good remedy for the stomach, *viz.* the muriate of lime, without any mixture, except water; no amelioration followed. From that I concluded that the sympathetic affection of the stomach could not have become a primary affection, but I could only find out whether it was on the point of becoming a primary affection, by giving a hepatic remedy along with the stomach remedy. I selected the celandine tincture without any weighty reasons, for I had already used in vain all the hepatic remedies known to me from experience. Through the simultaneous use of the muriate of lime and small doses of celandine tincture a visible amelioration took place. The cure proved real, but the idea that induced me to give both remedies at the same time was not correct.

I was treating at the same time as that man, and with just as little success, a woman who had more prominent signs of hepatic

disease, but her gastric region was not painful on palpation, hence I had no right to suppose that her stomach was affected at the same time as her liver. From the plain fact that the other male patient had recovered by using the two remedies together, I could suppose that he had been suffering of a particular affection of the liver which had been cured only by the simultaneous use of both. This supposition led me to give this woman both remedies simultaneously, and lo! they proved just as effective in her case.

Bye and bye I got more patients affected in the same manner; for convenience sake. I made the combination mentioned above (see R.), and in general had the patients take fifteen drops in half a cup of water, five times a day. I had now mastered the disease. That is, I brought it at once from its first stage to that of recovery, many times in a surprisingly short period, sometimes in a longer one, but still with an amelioration from the beginning. Those who had carried the disease a long time before they took to bed recovered more slowly than those who were immediately so much affected that they sought help. But this is common to all prevalent organ diseases.

During the same summer (1830) I also cured many patients which had the same disease of the liver, not in acute, but in chronic form. Neither in the acute nor in the chronic case did I again find the stomach painful upon palpation, as I did in the first case. Therefore my first supposition of a simultaneous attack of the stomach was evidently false, yet this false supposition had led me to find out the hidden nature of this obscure disease. My only regret is that I can not give the reader one single general characteristic symptom, which could be used to recognize this disease in the future. But with all the attention I paid to this, I have not discovered one, and the enumeration of such symptoms which are common to many, if not to all fevers, would be of no purpose for its recognition in the future.

During the summer of 1834 the same disease appeared again here and across the border, on the Dutch, or Belgian territory. Owing to the lack of all signs of recognition, I had again to find the remedy by means of tests. But the test was now easier than in 1830, for I knew now that there is in nature an affection of the liver which is curable by means of the juice of celandine mixed with the muriate of lime. The recognition did not depend any more, as before, upon an obscure supposition and a fortunate chance, but from my sober trials. From the Belgian territory many patients to whom the physicians had given emetics right in the beginning came to seek my help, and were relieved too. The emetics had had a bad effect upon them.

[To be continued.]



**HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.****By Harvey Wickes Felter, M. D., Cincinnati.***[ Continued from page 468 ]*

In 1871, Professor L. E. Jones, having become superannuated, ceased active service, the Board of Trustees giving him an emeritus distinction. In his stead, Frederick John Locke, M. D., was appointed to fill the chair, which he occupied until 1903 — that of *Materia Medica* and *Therapeutics*. Professor Zoheth Freeman, by reason of ill health, was compelled to partially suspend lecturing, and was therefore transferred from the chair of *Surgery* to that of *Clinical Medicine and Surgery*. Professor Howe was then transferred to *Surgery*, and his place in *Anatomy* was given to Professor Edwin Freeman. To this time the College had had 4,785 students (an average of 183 yearly), and 1,575 graduates. Scholarships were now issued for \$125. The retirement of Professor L. E. Jones led to an unpleasantness which had to be finally decided in the courts. For many years Dr. Jones had held the chair of *Materia Medica*, and there was continuous complaint from the profession, and from the students, that he was far behind the age, and that his teaching was imperfect. He had not practiced medicine for twenty-five years, and by loss of vision from cataract, was unable to make use of the literature of the day. He had reached that period in life when he should have given way to a man in the active practice of his profession. The subject was kindly presented to him, with no feelings of ill will, and he was requested to accept an emeritus relation to the College. In the absence of action from him, July, 1871, the Trustees made the transfer. Not satisfied, he sued Dr. Scudder for \$6,000, "on the grounds, that ten years prior he should have made a contract with him, guaranteeing his professorship in perpetuity." The Superior Court of Cincinnati decided the case against Dr. Jones, and the decision, which, so far as the profession is concerned, is important, was as follows: "This College is not a merely private speculation for private ends only, to be used as the convenience or interest of the Board may suggest. But the public have an interest in it by the very fact of incorporation, and a great educational end is to be subserved." So ended the case of *Jones v. Scudder*, the latter refraining from any quarrel, attributing Jones' action to his age, and allowing the Courts to settle the difficulty. The result of this "part of wisdom" was that no discussion marred the progress of the Institute. Dr. Marvin, who had been Demonstrator of *Anatomy* for four years, now relinquished his position and removed to Sidney, Ohio.

The Faculty of 1873-4 was constituted as follows: John King, M. D., Obstetrics and Diseases of Women; F. J. Locke, M. D., *Materia Medica* and Therapeutics; John M. Scudder, M. D., Pathology and Practice of Medicine; A. J. Howe, M. D., Surgery; Edwin Freeman, M. D., Anatomy; Z. Freeman, M. D., Clinical Medicine and Surgery; J. F. Judge, M. D., Chemistry and Physiology; Thomas C. Hannah, M. D., Demonstrator of Anatomy.

In July, 1874, John Allard Jeancon, M. D., of Newport, Ky., a ripe scholar, scientist, and linguist, was elected to the chair of Chemistry and Physiology, made vacant by the resignation of Professor Judge. Walter Miller Ingalls, M. D., of Hamilton, was made Adjunct Professor of Pathology and Practice of Medicine, and though his name was retained in the Announcements for three years, he never served in the capacity of teacher. In December of 1874, Professor Scudder published "Specific Diagnosis," a work of great merit, if not one of the greatest of medical publications. Had he never made another stroke with his pen, this work would have been his imperishable monument.

No change occurred in the Faculty in 1875-6. Nothing marked the Centennial year except the appearance of Howe's "Art and Science of Surgery," which at once became a popular text-book in the College, and among practitioners. No change occurred in the Faculty in 1876-7.

The first College in America to admit women for study and graduation in medicine was the Eclectic Medical Institute. Prior to 1877, about 100 women had attended, and some 36 were graduated. Colleges for women being established throughout the land, the management of the Institute yielded to the prejudices of the profession, and closed the doors against women. In 1877-8, it was proposed to have a Woman's Hospital attached to the Institute, where a full course could be pursued, or where elective courses in Obstetrics, Diseases of Women, or Nursing could be had. Arrangements were completed for the winter, eight attending, while the spring class numbered six. Separate entrances, separate waiting-rooms, separate dissecting-rooms were provided, and provision was made for the reception of patients for treatment. Arrangements were also made to board the women.

In 1878, an Herbarium of medicinal plants, collected and donated by Curtis G. Lloyd, was added to the resources of the College. This was a prosperous year, the class was large (267), and 66 were graduated. Graduates of other Colleges were admitted for a degree, pro-

vided they attended the course of lectures, and passed the examinations. If the college from which they graduated was reputable.

The fees were now \$150 for two or more sessions, and no private classes were allowed. On November 3, 1878, Professor L. E. Jones, who had served so long as an Eclectic pioneer and teacher, died at Urbana, Ohio, aged nearly seventy years.

In 1878-9, Professor Jeancon was given the chair of Physiology alone, and in his stead in the Chemistry department, John Uri Lloyd, a practical chemist, though not a physician, was appointed. This appointment gave great satisfaction, and added strength to the school.

In 1879, the following resolutions of the Board of Trustees were published in the *Eclectic Medical Journal* (p. 102): "*Resolved*, That there shall be two sessions yearly, commencing with September, and closing with May; the public Commencement exercises to be held at the close of the spring session." "Examinations for the degree of Doctor of Medicine will be held at the close of the winter and spring sessions, but all diplomas shall bear the date of the Annual Commencement." "No diplomas shall be granted at the close of the spring session to those who have attended *only* the consecutive terms—winter and spring—unless the person shall show by undoubted certificates, that he has completed his three years' studies in a physician's office, or shall reside at such distance as to make his return impossible or onerous, or unless he be a practitioner of medicine."

Thus the requirements gradually became extended, and the cause of better medical education advanced. As the fees were not advanced, a scholarship costing only \$150, with no extra fee for quiz classes or private instruction, the students were urged to attend several sessions in place of the compulsory two sessions in different years.

It will be observed that there were now less changes in the Faculty. Satisfactory men held their places, and harmony prevailed. The teachers had now, most of them, become veterans in the service. Scheming was not a part of their duties, and they attended strictly to the work of their individual chairs. Up to 1879, in the Institute and elsewhere, Professor Freeman had taught Anatomy for twenty-two years; Professor King, Materia Medica and Obstetrics for thirty years; Professor Howe, Anatomy and Surgery, twenty-four years in the Institute alone; Professor Scudder, Anatomy, Diseases of Women, and Practice, twenty-three years; Professor Locke, Materia Medica, eight years; Professor Jeancon, Physiology, five years; and Professor Lloyd, who had already acquired a National distinction as a chemist and pharmacist, one year. The end of the year 1879, was marked by the announcement, that after the spring and winter

sessions of 1880-81, *three* courses of lectures would be required for graduation, except in case of practitioners, who would be required to attend two sessions. The following is a resume of the minimum requirements for graduation during the different periods of the existence of the Institute up to 1878: 1845 to 1871, three years' reading, with two sessions' attendance, or four years' practice in lieu of one session; after 1871, no honorary degrees were granted; 1871 to 1878, three years' reading, and two sessions' attendance.

In 1879, the length of the term was increased to twenty weeks, with no holidays, and one week for examinations.

From 1879 to 1887-8, no change was made in the personnel of the Faculty. However, some additions were made to the duties of some of the teachers. Thus, in 1883-4, Professor Howe was made Lecturer on Forensic Medicine, and Professor Scudder Lecturer on Hygiene, while Pharmacy was added to the chair of Chemistry under Professor Lloyd.

In 1880, Scudder's "Specific Medication and Specific Medicines" was revised, and about 150 additional remedies added. An important addition was made to the "American Dispensatory" in the form of a supplement, by Dr. John King and John Uri Lloyd. This year Professor Jeancon began the publication of his great "Anatomical Atlas," with text. In 1881, Lloyd's "Chemistry of Medicines" appeared, and was added to the list of College text-books. On the 9th of October, Professor R. S. Newton, so long connected with the Institute, and later the organizer of the Eclectic Medical College of New York City, died of paralysis in that city, aged sixty-two. Thus passed another of the pioneers of Eclecticism. Nothing occurred to mark the year 1882 except the revision of Jones and Scudder's "Materia Medica and Therapeutics," which was now published as Scudder's "Materia Medica and Therapeutics." The year 1883 passed without incident, and 1884 was marked by the publication of Jeancon's "Pathological Anatomy," and the commencement of one of the most elaborate works on medicines yet published in America—"Drugs and Medicines of North America," by Professor J. U. Lloyd and C. G. Lloyd. The College was now progressing in every way. In the report on Educational Institutions in Cincinnati for 1885, and the revenues brought to the city by them, the Medical Colleges were classed as follows: Eclectic Medical Institute, \$91,000; Medical College of Ohio, \$84,800; Miami Medical College, \$50,000; Cincinnati College of Medicine and Surgery, \$19,500; Pulte Medical College (Homeopathic), \$24,000; Physio-Medical Institute, \$16,500; College of Dental Surgery, \$30,000. Thus the Institute, as it had for many years, headed the list.

Late in 1887 illness prevented Professor J. M. Scudder from assuming the full duties of his chair. The following session 1887-8, Dr. Rolla L. Thomas, of Harrison, Ohio, son of Dr. M. L. Thomas, and a graduate of DePauw University, and of the Eclectic Medical Institute, was made Adjunct Professor of Pathology and Practice of Medicine.

[ To be Continued.]

**Ohio State Eclectic Medical Association.****PROCEEDINGS ANNUAL MEETING, 1907.****W. N. MUNDY, M. D., EDITOR.**

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**SECTION II.****MATERIA MEDICA AND THERAPEUTICS.****D. C. AYERS, M. D., CHAIRMAN.**

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**THERAPEUTIC CERTAINTIES.****By H. W. Powers, M. D., Amherst, O.**

In thinking over the subject that I have chosen for this occasion, I found myself somewhat in the position of a certain man, who had announced a lecture on Black Cats. He began to look up the authorities on cat, and found only one book treating on the Animal, and about the first thing he saw, was this statement, "there are no black cats." Soon after writing Doctor Sutter that I would read a paper on "therapeutic certainties," I read a short article from the pen of Prof. Watkins, in which he said: "There are very few therapeutic certainties." And I thought verily I am up against it.

But perhaps the title of this paper does not exactly give a correct idea of the thought I wish to convey, or the points I want to impress. In our social relations with our fellowmen, we make many acquaintances. Some we meet in a casual way and drop, and they are soon forgotten. Others we keep in touch with in part, and find them helpful at times, and still others we have learned to trust, because we have in the course of a long friendship found them to be thoroughly trustworthy and reliable, and we know that they ring true. So it is in the practice of medicine. The student in materia medica will find some remedies that he may never try but once. Others that he will use occasionally, and yet others that he will rely on with the utmost confidence in his battle with disease. We have seen it demonstrated over and over again, that a certain drug will produce a certain effect in a certain condition, and the application of this principle constitutes specific medication. But specific medication depends on specific diagnosis, and without the latter our drug treatment must be largely empirical. The medical profession today is reaching out after the new remedies that are being constantly put upon the market by enterprising manufacturers, and this is too often a cause of neglect of the older ones and a distinct detriment to our patients. The ready-made tablet has a strong hold on many of us. The proprietaries

(and their name is legion) are being prescribed daily by reputable physicians, and it is little wonder considering the haphazard methods of some men that there should be some therapeutic nihilists. The recent graduate in medicine, will spend considerable time in the selection of a case looking for the one that contains the most bottles; while the physician who has practiced twenty years or more, will have limited himself to those remedies on which he has learned by experience he can place the most dependence. When one has prescribed a certain medicine day after day for years, and gets the desired results this medicine becomes to him a therapeutic certainty. And while the practice of medicine is not an exact science, if he fails in getting this result either the preparation is inert or he has mistaken the diagnosis. In looking over my cases, and through my stock of medicines, I find that the six remedies that have proved so satisfactory to me, as to be classed as therapeutic certainties, are Aconite, Veratrum, Echinacea, Bryonia and Gelsemium. Another half dozen close seconds, are Diaphoretic Powder, Asclepias, Rhus Tox., Bromide of Potassium, Phytolacca and Macrotys. I believe with these twelve medicines that one could practice with as great success, as with the hundred or more that most of us have on hand, including tablets, pills, syrups, and elixirs. I once knew of an old eclectic physician who cured nearly every case of chorea that he had, with a home-made infusion of skull cap. To him this was a therapeutic certainty. Years ago I heard my father say that if he was limited to two remedies, they would be Bromide of Potash and Diaphoretic powder. He may have changed his mind since. This was before the advent of specific medicines. But this I know that when the progressive physician of today examines a case and notes the indications his mind instinctively turns to the medicine that he has found helpful under similar conditions. He does not need to name the disease for he is not treating a name, but a condition. It is needless for me to take up your time, gentlemen, in giving the indications for which I would prescribe any or all of the remedies, that I have named. You know them perhaps better than I do. But with Specific Diagnosis, and Specific Medicine to meet the indications, I believe we may reasonably assume that we are dealing with a therapeutic certainty.

#### DISCUSSION.

Dr. Palmer—For the past year we have heard much about therapeutic nihilism. The cause for which, he does not understand. Even some of the best prescribers, in their works have said little or nothing about medicines. With an experience of about thirty-eight

years his faith in medicine is increasing. He has more faith than ever before. Whether this is due to a better use of auxiliary means, a closer application, a better understanding, or what he can not say, but he is sure he gets better results. No remedy has a fair show, as a rule. We can not expect a remedy to do everything. Before a remedy is given, see that conditions are such that it has a fair chance for action. Another cause for failure is the old *materia medica* was founded upon present day pathology. The trouble is not in the medicines, but in an improper understanding of how to use them and what they are for.

Dr. Sutter—Six or eight men in speaking on "Therapeutic Certainties," have mentioned over sixty remedies. If each one had mentioned but one, 250 members means 250 remedies. This fact ought to convince the younger men that our *materia medica* is all right. What's the matter with our *materia medica*? Nothing. It is all right.

Dr. Smith—Not being present to read his paper upon *Jaborandi* Dr. Watkins spoke of the value of this drug in ringing in the ears "tinnitus aurium." Some five or six years ago he had a patient suffering from this condition whom he referred to Dr. Foltz. He prescribed *jaborandi* in three or four drop doses three times a day. The patient recovered. He had since used the remedy several times, often without success, and asked Dr. Foltz to explain what were the conditions in which he prescribed it, or, what conditions does it help?

Dr. Foltz—Sclerotic conditions; where there is dryness of the nose, throat, pharynx and auditory canal.

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### **APOCYNUM CANNABINUM (Bitter Root).**

**By W. T. Lehr, M. D., Arlington, O.**

This is an erect, branching plant, growing from two to four feet high, and common throughout the United States. The stem is covered with a strong fibrous bark, which is green when the plant grows in the shade and of a reddish-brown color when grown in sunny localities, in which situation it is usually found. The fibrous bark was formerly used by the Indians, hence the name, "Indian Hemp." This is a misleading term however, and should not be used from the fact of this being the common name of several other plants and results in much confusion when so used.

The entire plant exudes a milky juice when wounded. The root is the part used in medicine and its properties are emetic, cathartic, diuretic, alterative, and tonic. It is presumed that all modern Ec-

lectics use Lloyd's specific medicines, and it is this form of preparation that we will consider. It is nearly odorless, bitter taste, and of a brilliant amber color. It mixes readily with water, making a clear solution. This remedy is specifically indicated in dropsy and all other cases where there is edema of cellular tissues. Rheumatism, Rheumatic Neuralgia, with swelling of feet and joints, and puffiness under the eyes are promptly relieved by this agent. In painful conditions of the heart with fullness of the tissues, and in the irritable heart of the smoker apocynum is a decided cardiac sedative and tonic. In all conditions characterized by atony of the sympathetic nervous system, apocynum acts very nicely, but it is not the remedy for active conditions.

Dr. Finley Ellingwood in his February, 1907, number of the "Therapeutist" says of its action "that it seems to increase nerve force to a degree, that it is a mild heart tonic, increasing the muscular power permanently. It acts on the walls of the arteries, raises blood pressure and increases arterial tension. The size, strength and force of the pulse beat is increased and the rhythm regulated. It gives freedom to the breathing when oppressed by effusions. It facilitates the oxidation of the blood. It acts directly on the kidneys, inducing a large flow of limpid urine, and indirectly through its influence on the heart." Its influence on the heart is slowly induced and its use must be continued for some length of time. Its action is very materially assisted by the use of cactus or crataegus in combination or alternately. But it is not the writer's intention to enter into the general therapy of apocynum, as this was pretty thoroughly treated in a paper read before our State meeting at Put-in-Bay in 1901, by Dr. H. L. True, of McConnelsville, O., but rather to report its result in two cases which came under his care.

On September the first, 1900, there came to me from my predecessor, Dr. Jenner, Mrs. P——, a married lady of about 49 years of age. Her condition at this time seemed critical. Pulse feeble and very irregular. marked dyspnea, countenance pale and anxious, a decided mitral regurgitant murmur, and considerable oedema of cellular tissue especially abdominally and of the lower extremities. Bowels were inactive and urine scanty. Patient unable to lie down and sleep. There was a history of a heart trouble for about 18 years previous. The dropsical condition having manifested itself about six years before, she having been under the care of Dr. J—— during that time. Treatment at this time consisted in cactus and pulsatilla in one glass, apocynum and nux in the other, teaspoonful every hour alternately. There was a prompt and decided improvement of all



unpleasant symptoms. The bowel action was much accelerated; the amount of urine increased; the dyspnea and anxious condition very much abated, and all persons interested were very much elated over the results. But ours was not an abiding joy, for the patient was prone to recurring attacks, each one more severe than the preceding one, and at times her condition became extremely alarming. The ascitic condition being so extreme that she could scarcely bear the fastening of her clothing about the waist, and the lower extremities seemed on the point of bursting open. Then the question of tapping would come up always to be vigorously opposed by the patient, and a resume of the medicinal treatment, which in nearly every case had been neglected as the patient had improved. The treatment varied somewhat as indications presented, but apocynum was always included and I am very positive was the principal agent in removing the dropsical effusion. The treatment in this case could be only palliative at best, as the age and extent of the heart lesion rendered the case one beyond repair, and the inevitable occurred. Crataegus entered largely into the treatment of this patient for the valvular trouble; although apocynum did not prove curative in this case, I am positive that the patient's life was prolonged at least two years through its use.

Case second was a young married lady of about 21 years of age. Her condition which was one of anasarca, came on following a severe case of mastitis, in which the major portion of the left breast was involved, necessitating lancing in several places. She was of a plethoric disposition, with very sluggish portal circulation, the amount of urine being very small and carrying much sediment. The oedema in this case was very marked. The patient was unable to wear her shoes, and the eyes were at times completely closed by the swelling. There was considerable dyspnea when she would lie down and the heart action was materially affected, becoming weak and rapid.

In this case apocynum was pushed until the stools became thin and watery, and there was considerable nausea. Other remedies were combined or given alternately as indicated, the principal of which were cactus and echafolta. The results were all that could be desired and the patient made a gradual and uninterrupted recovery, since which time, a little more than a year, there has been no return of dropsical condition. There have been many minor cases in which I have used this remedy with gratifying results, and if we ever remember its specific indications, apocynum cannabinum will prove itself a true friend and helper of the physician and a boon to suffering humanity.

## DISCUSSION.

Dr. Schiller—I made the mistake in my early practice of not using apocynum in large enough doses to get results. Of late years I have used it in considerably increased doses. I used to be afraid of producing nausea, but I find that patients can take it in fifteen or even thirty drops at a dose without any stomach disturbance. Have a patient now taking thirty or forty drops of the "Specific Medicine" and doing well on it.

Drs. Dodge and Feaster both expressed their admiration for apocynum and the former expressed the opinion that when indicated it was one of the "certainties in medicine."

Dr. Watkins— Dropsy is but a symptom, not a disease. It is well enough when treating dropsy to ascertain its cause. We are all well aware that apocynum will not cure all cases of dropsy. It will not cure when the dropsy is due to an obstructive lesion of the kidney. Nor when we have cirrhosis of the liver, when the structures are constricted or contracted. Apocynum can not relieve these conditions. It can not always relieve. In a recent case a tubercular peritonitis, apocynum did not relieve, but 1-10 grain doses of elaterium did relieve the patient. My custom is to commence with five drop doses of apocynum for a few days, then if it does not produce nausea or dizziness increase the dose gradually until thirty drops are given. Seldom I give a larger dose than that. Have had two cases in which after the dropsy had been relieved by apocynum, the patient suddenly dropped dead. I have often wondered whether this sudden death was due to the remedy or to the removal of the water.

Dr. C. W. Russell—Considers apocynum as one of our staple remedies, but he often combines with it digitalis and potassium acetate. The cause of the dropsy is, of course, treated as well as is the dropsy.

Dr. Taylor—Would like to know if in your experience nausea is produced more quickly when the digitalis and apocynum is combined. Personally I think it is. Have given apocynum for long periods and in good sized doses.

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**THERAPEUTIC VALUE OF MILK.**

**By D. C. Ayres M. D., Toledo, O.**

Milk, aside from its value as a food, has many special uses in the department of therapeutics. Cow's milk given in some form or other to correct wrongs of digestion and for the cure of many diseases has been sadly neglected. Many wrongs of the above nature are rectified by the proper administration of milk.

The cases that puzzle the most learned physicians of today is, What shall I do in this or that case of disturbed digestion met with during the first two or three years of infant life? When I am called to see a sick baby, I inquire "Does the baby cry as from pain?" If pain exists, there is either an excess of sugar or the proteids are not digested. If the former, we have colic or thin, green, watery stools, sometimes, causing irritation of the buttock. If the latter, we find curds in the stool. If there is an excess of fat, we have vomiting or regurgitation of food in small quantities one or two hours after feeding. It is sometimes shown by frequent passages which are nearly normal in appearance. In some cases the stool will contain small lumps of fat. If your baby patient is not gaining in weight without special signs of indigestion, increase the proportions of all the ingredients. If habitual colic, diminish the proteids. For frequent vomiting soon after feeding, reduce the quantity. For regurgitation of sour masses of food, reduce the fat and sometimes, also, the proteids. For the more severe cases of indigestion or bowel trouble of infants, I have found nothing better than Fairchild's Peptogenic Milk Powder, properly prepared with cow's milk, to rectify almost all the wrongs of digestion of long standing. In preparing cow's milk with Peptogenic Powder do not let the milk come to the boiling point but very nearly so for from ten to thirty minutes. In very severe cases this may need more or less diluting with water until it agrees, using less water as the case progresses until you get back to the original preparation. During the past year I have treated several babies that were given up by other physicians as hopeless cases, using nothing but cow's milk with the above powder and freeing the colon from irritating material with normal saline solution. All these cases made a good recovery.

In patients suffering with nervous prostrations who have passed through, or almost through, some severe sickness, a cup of hot malted milk or cow's milk at the proper time is just the thing to hold up the flagging forces and at the same time nourish your patient. These cases generally recover nicely with but very little medicine.

Milk is a good prophylactic to lead poisoning and should be largely used by workers in lead. It is claimed that if three pints of milk be taken daily, poisoning never occurs.

In forced feeding in phthisis, melancholia, etc., milk is very serviceable. The milk cure has been carried out successfully by Wier Mitchell, and Karell. The patient is given no other food. The patient should commence with doses of half an ounce to two ounces every two or three hours and increase the quantity by half an ounce daily

until sixteen ounces are taken. If the taste of the milk is disagreeable, coffee, salt, or caramel, should be added. If thirst be complained of, natural or seltzer water is given. After three or four weeks, thin slices of white bread, arrowroot, rice, etc., are allowed, and after five weeks, raw meat in small quantities may be given, the milk, meanwhile, being continued. After a day or two of this treatment, hunger and thirst are, usually, not complained of. At first, the pulse is increased a little in frequency. There is seldom any nervousness. The tongue is coated; the urine is increased; there is constipation (which must be relieved). The stools are hard and yellow or white in color, and a great deal of epigastric distress and feeling of emptiness are present. The arterial tension is lowered. There may be muscular prostration. There is a loss of weight at first. If the treatment be persevered in, at the end of about two weeks there is a marked improvement in the feelings and condition of the patient. And after six or eight weeks the cure is, usually, far advanced.

The milk cure is used in obstinate hysteria, hepatic congestion, ulceration of the stomach, dropsy, and many anomalies of nutrition.

Read up on milk and its uses, doctor. If we knew more about the therapeutic value of milk and give it more than we do in lieu of drugs, our success would be largely increased.

#### DISCUSSION.

Dr. Green—We ought always to take into account the kind of milk used. See that it comes from healthy cows, milked by clean hands and properly cared for after arrival at the dairy. Some children can not tolerate milk even with the peptogenic powder. In some cases that could not tolerate milk, I have had success by the use of lactopreparata or malted milk. By the use of such substitutes I have been enabled to carry or tide the child over a critical period for a few days. But these do not contain enough nutriment for food. They will not nourish. Where we have access to laboratory milk, we do not need peptogenic milk powder.

## SECTION III.

### MENTAL AND NERVOUS DISEASES.

DR. H. B. KIRKLAND, VICE CHAIRMAN, PRESIDING.

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### THE OPSONIC INDEX.

By Lyman Watkins, M. D., Blanchester, O.

Aristotle discovered, 304 B. C., that the heart contained blood, while 40 years later Herophilus and Erasistratus, believing that certain vessels leading from the heart contained air, called them arteries. Galen, in the second century, demonstrated by a vivisection that the so-called arteries contained blood. Galen was a remarkable man and has placed his imprint upon the science of medicine for almost nineteen centuries, his name being still frequently found in medical literature, viz.: The venae Galena, the sixtailed bandage of Galen, the Galena capitis, Galenical medicine, etc. In regard to the circulation, however, he taught that the blood flowed through the septum ventriculorum and knew nothing of the pulmonic circulation. So great was his influence that for thirteen hundred years this error was accepted by the profession unquestioned.

Michael Servetus, who was the first to oppose the dictum of Galen and to assert that there was a pulmonary circle, paid for his heresy with his life, being burned at the stake in 1553 at the instigation of John Calvin. Servetus was a free thinker who dared express his thoughts whether on anatomy or religion. When he was burned green wood was used to prolong the heat and to increase his suffering. Calvin, upon being accused of this additional cruelty, denied the implication, admitting that while he favored the burning he had nothing to do with the character of the fuel. Perhaps he did not, but those old Saints were very malevolent when their religious prejudices were aroused. Nevertheless that was a long time ago, and Calvin and Servetus may now, as chums, be walking the golden streets of the New Jerusalem.

Since Wm. Harvey published his memorable work in 1628 A. D. we have had a fairly good understanding of the blood vascular circulation. But the composition of the blood itself, about which very little is certainly known, is still a subject of great interest to scientists. That it is the essential life-giving fluid of the body is clear, since without blood the body dies. The various elemental constituents and action and value of each is still a mystery.

Recently many substances have been demonstrated and differentiated in the blood. These are such as the lysins, the cytolysins, precipitins, agglutinins, toxins, antitoxins, and lastly the opsonins. The opposition naturally offered by the body to pathological invasion is said to be due to certain substances found in the blood and which are called "opsonins." In the latest scientific nomenclature the term "opsonic index" indicates the degrees of resistance to disease presented by the body at a given time.

According to the opsonic theory the index may be increased or diminished artificially. Every infectious disease has its opposite index which can be determined by laboratory manipulation, and the liability of an individual to become infected depends upon the state of this index. The method of establishing the opsonic index is about as follows: Blood is withdrawn from the body of the patient and the phagocytes segregated. They are then brought in contact with the bacteria of some infection, such as typhoid fever. The phagocytes will, normally, consume and destroy a certain number of bacteria, say, for instance, five. The number of germs consumed by the phagocytes when in a normal condition is taken as the normal opsonic index. Now the patient is given an injection of the dead bodies of the same class of bacteria or a serum from culture of the same. This weakens the germs so that ten or more can be destroyed by the phagocytes and the opsonic index is said to be raised. Thus the resisting force of the body can be reinforced and the attack of disease repelled.

Practical application of the opsonic theory to the treatment of disease requires careful study and a laboratory skill beyond that usually possessed by the majority of medical men. Raising the opsonic index against one infection does not increase it for all. Each morbid state must have its special opsonin. Those who are skillful in this work have been making startling reports in the successful application of this theory in the treatment of germ diseases. Many enthusiasts claim that a new era has arisen; that infectious diseases need no longer be feared, and that the greatest advance ever made in the history of medicine has dawned upon us. Sir A. E. Wright, of London, the author and chief advocate of the opsonic idea is more modest in his assertions than many of his followers. Olmacher, of Detroit, relates several cases of acne, furuncle, impetigo, psoriasis and other chronic skin affections cured by an injection of a culture of the staphylococcus pyogenes. A cystitis and a pyelonephritis greatly benefited and a case of empyema cured. Two cases of tuberculosis not cured, but cases of gonorrhea, gleet, vaginitis and

conjunctivitis cured or relieved. Other physicians have also reported successful applications of this new theory of treatment. However, after all, the vaccine theory is not new. It is an old friend in a new dress and under a new name. A similar theory was promulgated more than seventy years ago and the old saying that "the hair of the dog is good for the bite," as exemplified by this method, is a full justification of the "*similia similibus curantur*" of Homeopathic fame.

It is not at all improbable that over-enthusiasm in the practice of this fad may in time lead to a discrediting of the whole performance, and that it will be laid on the shelf with its predecessors. The opsonic idea is to increase the resisting forces of the body against diseases of an infectious nature, such as tuberculosis, syphilis, pyogenic affections, typhoid fever, pneumonia and like pathological conditions. But this still leaves a large number of constitutional and nervous affections, diseases of nutrition and organic lesions, non-infectious in their nature, which are not amenable to treatment with opsonins.

Upon reflection it appears that the whole object of medicine from the beginning has been to increase the opsonic index; that is, to reinforce the conservative powers of the body against morbid processes, to overcome pathological conditions, and to restore the sick.

Specific medication covers the whole field of pathology and we have been increasing the opsonic index for years with, perhaps, as much success as will ever come to this opsonic idea. We have our remedies which increase the resisting forces of the body and counteract the effects of disease as directly and specifically as can culture or serum. Specific medication has a still wider field inasmuch as it is not limited to infectious diseases but is adapted to all morbid states. We have already met with considerable success, and, today lead the world as internists. There are no medical nihilists among Eclectics. Experience has taught us that the remedy must fit the symptoms; that there are no specifics for general conditions, but only for special evidences, and that one remedy properly applied will accomplish more than many given at random. Prof. Scudder used to quote from the Mikado that "it is a function most divine to fit the punishment to the crime," meaning thereby that to be always able to administer the proper remedy at the proper time was the great desideratum in medicine. He foresaw that such specialization would have to be the ultimate outcome of medication. Specific medication must be learned by long study and close observation.

This requires concentration of thought and purpose and appears to be entirely beyond the capacities of some medical men, and hence they are ready to join the ranks of those who assert that "there is nothing in medicine." They are blind leaders of the blind, never suspecting that the cause of their blindness is central and not peripheral. To those who shy at what they call the complexities, intricacies and contradictions of specific medication, the opsonic theory will prove still more confusing, and it is probable that the blundering incompetents who undertake, with insufficient knowledge and with lack of laboratory skill, to inject opsonins into their confiding patients will soon be ready to oppose opsonins as they have undertaken to decry specific medication.

It is to be hoped that great good may result from opsonization. Our weapons of offense and defense against physical and mental morbidity are not so powerful nor so successful that we can dispense with any agency that offers aid in the warfare against disease. It is not to be expected that all claimed by enthusiasts for this new theory of opsonins will be accomplished, but some good may result from the enforced closer study of disease manifestations. But whatever the result, specific medication will not be disturbed, but will be strengthened and supported because medicines as well as serums, increase the opsonic index and we are in a position to teach those less informed in regard to the efficacy of drugs. Eclecticism was never more necessary than at the present time because it is our duty to reveal to a perplexed and inquiring medical world a straight and unerring system of treatment.

#### DISCUSSION.

Dr. Palmer—That was a good paper with a good ending. I have had the opportunity to hear a full and free discussion of this subject within the past year. I can not conceive how the general practitioner will be able to derive any practical good from it. The theory is good, but it is not practical for the general physician. We are not always able to judge of the condition of our patient. To carry out this theory necessitates the employment of an expert in pathology and its methods.

Dr. Sherman—It has always been the aim of Eclectic physicians to sustain the vital forces or powers, and thus uphold the opsonic index.

Dr. L. E. Russell—There is more to the opsonic index theory than we are willing to admit. In every human being there is a certain amount of resisting power. In septic cases the power of resistance, or the sustaining power if held up, increases the chances to



recover. With little resisting power, we are apt to go down to defeat. Any theory, any study, no matter how severe, is well worthy the study of any physician. There are many only too willing to go along easy street. I do not know where our investigators are to come from in the future, as so many prefer to use the shotgun, rather than the rifle.

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### CAUSES OF INSANITY.

**By Bishop McMillen, M. D., Shepard, O.**

I have had a dozen different relatives and friends of an insane patient tell me as many different causes for the patient's mental troubles, and each insist all the others were wrong; while from my own observation and the various histories given, have never been satisfied as to the cause. In some cases I have concluded the cause was not at all what had been assigned by those who had known the patient when sane.

In a large per cent. of cases I fear the true cause is never known. Many times we have to treat results of unknown causes that may have existed years before the outbreak of insanity. In a word, we must treat the conditions we find existing. If the cause can be determined and removed, a long step towards recovery is attained. Care in diagnosis and re-examination every few days will keep the case well in hand, as complications are easily overlooked in the insane whose word can not always be depended upon, and whose expressions and acts disguise symptoms rather than assist in diagnosis.

Of the long established, generally known causes as to the per cent. of frequency, heredity stands first. One attack of insanity renders the patient very liable to a recurrence later in life if from any cause the physical health is lowered. Heredity as a cause, seldom shows itself where there is normal development unless there is physical ill health. If the heredity is so strong as to arrest normal development, the degree of defect will determine the class of feeble-mindedness to which the case belongs, whether imbecile, feeble-minded, degenerate, insane or emotional.

Heredity is a frequent cause of emotional excitement in the sane. While an emotional insane patient is always hard to control, and recovery is rendered uncertain by this complication, normal resistance gives self-control. A stability of nerve element gives poise to the character, and renders a person master over himself, and gives decision and judgment in times of excitement, or when a course of action must be decided. Many sane persons lack decision of character.

Vacillation leads to irritability of mind. Physical ill health in such persons makes them more emotional. There may be either excitation or depression of the emotions; with either there is irritability and disturbed sleep. Morbid thoughts fill the mind in the sleepless hours of the night with depressed jealousy, persecutions, fear and superstitions which grow until delusions form and melancholia is the result. Excited emotions lead to anger and excesses of many kinds. Loss of sleep causes the excited patient to get up and prowls about at night and to do unnatural acts; they grow hard to control and a maniacal attack occurs if the emotional condition is not controlled.

Business worry and domestic troubles, when they are the primary causes of insanity, can be traced to their irritating effect on the emotions. The unpleasant thoughts are magnified, "mountains are made out of mole hills," sleep is lost, digestion and nutrition become defective. The real breakdown comes as a result of ill health due to the disturbance of bodily functions, a case of "mind over body." The sympathetic nervous system becomes irritated with reflexes to the brain.

Syphilis may become a cause in three different ways: Early in the disease through worry and the emotional route; through wrongs of digestion the blood making and nutrition of the brain; and later through the syphilis attacking the tissues of the brain or its membranes, causing degeneration of the brain cells and chronic mental enfeeblement.

Masturbation will reduce vitality and if long practiced will tend to enfeeble the mind. If the victim worries and consults a quack specialist, and is frightened for a fee, into believing his case a dreadful one, he may through worry develop insanity. It is a fact that many insane do practice masturbation, but with a large per cent. it is a result of insanity rather than a cause. The insane lose self-control and fall into bad habits which had not been excessively indulged in before the attack, and which they quit when normal thoughts and acts are re-established.

Toxic conditions are responsible for at least one-fourth the cases of insanity, and of these alcohol furnishes the greater part of the victims. Cocaine and morphine a lesser per cent. They destroy nutrition; the vasomotor nerves are irritated; the circulation of blood in the brain is changed from one extreme to the other; mental enfeeblement follows; the moral nature degenerates; self-control is lost; one excess follows another. Withdrawal of the poison and a period of sobriety will restore much of the mental weakness, but repeated attacks tend to lower the intellect and shorten life and is often followed by years of chronic insanity.

Septic conditions lead to auto-infection where excretion is not rapid enough to free the blood of the poisons in acute diseases. Typhoid fever and the puerperal state furnish the largest per cent. from this class of causes. Mania is the most frequent form of insanity from these causes. "

Anemia of the brain is a cause of insanity occurring in many exhaustive diseases, such as cancer, tuberculosis, and other diseases of long duration with defective digestion and blood making; or in acute diseases of the digestive tract; or any other cause that may lower nutrition and cause anemia may cause insanity. If the physical disease is curable, the mental symptoms will improve with returning physical health. But, when the physical disease itself is necessarily fatal no improvement of the mental symptoms should be expected.

There are a number of classes of insanity named from the cause of the trouble or the age of the person, as epileptic insanity, alcoholic insanity, puerperal insanity, dementia praecox, climatic insanity and others. These are explanatory terms rather than indicating a special type of disease. They follow some one of the types of the three great forms of insanity as Mania, Melancholia and Dementia. The Mania includes all the types which show excitation or an activity above the normal. Melancholia is characterized by mental and physical depression. Every function is retarded and the departure from the natural is below normal.

Dementia includes all classes of insanity where there is permanent mental enfeeblement. No one recovers from dementia while many cases of mania and melancholia may get well. All forms of chronic insanity tend towards mental enfeeblement and year by year their intellect fails, they sink to a lower level and are carried farther and farther from the normal.

Senile Dementia marks the decay of the aged. This condition depends largely on the stability of the nervous system. Many persons are mentally older at sixty years than others are at eighty years of age. Their physical health also has a bearing on the mind.

Grippe and heat prostrations are serious diseases. Many cases are followed by degeneration of brain cells and mark the beginning of mental decay and premature old age. Excessive high temperature from any disease, especially inflammation of the brain, is a cause of organic brain trouble, and all degenerations are followed by mental enfeeblement and classed with the dementias.

**Seton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 114.—Referred to the hospital by Dr. Behymer. A lady from Springfield, Ill., age 35, mother of two children, has been suffering for the past five years with pelvic pains and an enlargement extending into the left iliac region the size of an ordinary orange.

On examination of this case we found a severe laceration of the uterine cervix and also a complete laceration of the perineum. There was also manifest in the bimanual examination a tumor to the left of the uterine cornua.

After a consultation with Dr. Behymer we decided that the better method of treating this pelvic lesion would be to do a vaginal hysterectomy, as there was manifest sub-involution together with the marked cystocele and rectocele.

The patient having been prepared either for a laparotomy or vaginal hysterectomy we decided that there would be less danger, and possibly better results by the vaginal hysterectomy method than by performing a laparotomy. We therefore girdled the uterine cervix and secured the uterine arteries by heavy silk ligature and extended the dissection into the Douglas-cul-de-sac, and then with the double tenacula hooks pushed upward to the posterior fundus of the uterus inverted the same, drawing it down into Douglas-cul-de-sac incision and touching the double cork screw tenacula hook. After this we found on account of the enlarged tumor at the left uterine cornu that it would be impossible to remove all through this incision. We therefore adopted the method which we designate as bi-section of the uterus commencing at the uterine fundus and extending the incision posterior and anterior to the internal os, having previously amputated the uterine cervix which was badly lacerated and diseased, removing the same to prevent the possibilities of self-infection. Having thus bisected the uterus we were in a position to put a strong thong of silk around the appendage, strangling the former and uterine artery as well in the encircled ligature.

This procedure I shall commend as a whole to the consideration of the medical profession as a very safe procedure in doing a vaginal hysterectomy.

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In compound fractures involving loss of continuity do not needlessly remove any piece of bone that has even the smallest attachment. It is surprising how often such pieces heal into the wound and thereby help to save loss of substance.

### **Periscope.**

#### **LYCOPUS VIRGINICUS.**

This old remedy is commonly known as bugle weed, but in some sections of the country it is called water horehound. It has long been a favorite remedy of many of the most successful physicians in the Eclectic school of medicine, and it is highly esteemed by them as a medicament which is always positive in its therapeutic action.

*Lycopus* exercises an influence over the heart, kidneys and lungs which makes for normal functional activity of these organs. It removes hemorrhagic tendencies, and as a remedy for hemoptysis its efficiency has caused many able practitioners to regard it as superior to all other drugs. In speaking of this property of *lycopus* the late Prof. Goss said:

"It exerts the same power over the capillaries of the lungs that ergot does over those of the uterus. The cough from chronic inflammatory lung trouble is speedily relieved by it."

In hemoptysis and other hemorrhages this agent should be administered in full doses every thirty to sixty minutes until relief is obtained, and then continued in small doses every hour to every two hours, according to the severity of the case.

*Lycopus* is an arterial sedative of great value and varied usefulness. While it promptly reduces undue force and frequency of the pulse, it never depresses the heart, but, on the contrary, decidedly increases its tone, and thus enables it to better execute its normal function. In referring to this action of *lycopus* Dr. Hector truthfully remarks:

"In functional or organic diseases of the heart marked by irritably and irregularity, dyspnoea and oppression, its results are gratifying. Hypertrophy and dilatation have been known to undergo marked diminution under its influence. In endocarditis and pericarditis it quickly reduces the inflammatory action."

Many cases of heart failure, with dyspnoea, great oppression and irregularity, in which *lycopus* afforded relief, have been reported in the medical press. In a number of these cases death seemed imminent, but appreciable doses of this agent soon caused the distressing symptoms to disappear.

Its controlling influence over capillaries is promptly and curatively apparent when exhibited in capillary congestions. It invigorates and gives tone to the capillary structure generally.

*Lycopus* is a tonic of much more than ordinary power. It increases the appetite, promotes digestion and assimilation, and also allays

gastric and enteric irritability. In inflammations and ulcerations of mucous surfaces its administration is often followed by a cleansing and healing process which is many times essential to a successful treatment. In an interesting article on the uses of lycopus Dr. Lamoreux in part says:

"It has proven beneficial in chronic diarrhoea and dysentery, in the inflammatory gastro-intestinal disorders of drunkards and in intermittent fevers."

The action of lycopus upon the skin and kidneys is often of the greatest value in the treatment of diseases characterized by an atonic condition of these organs. This influence over the kidneys has often been found peculiarly adapted to the treatment of diabetes, and many cases of the abnormal condition have been reported by physicians of eminence in which results were obtained from it that could not be secured from any other medicament. In referring to this use of the drug, Prof. E. Freeman in substance said:

"I wish to call attention to the benefit resulting from the employment of lycopus in lessening the quantity of water and sugar in a certain case under my care. The lady was formerly very fleshy, and had passed the change of life. When she presented herself for treatment she was much reduced in flesh, had intense thirst, and was haggard and weak. She had been treated by many physicians without relief. She was passing from three to four gallons of urine per day. I examined the urine (using Fehling's test-fluid), and found a large quantity of sugar, a few drops of the urine immediately changing the boiled test-fluid, and causing an abundant yellowish precipitate. I gave a teaspoonful of the fluid extract of lycopus three times a day after the old style. It was a hideous dose to take, but its good effect was soon manifested in diminishing the amount of water \* \*

\* As she improved she was unwilling to take the medicine in such doses, and I added thirty drops to four ounces of water, and gave two teaspoonfuls every two hours, with good results. \* \* \* The quantity of urine soon became natural, although it still contained a little sugar."

Some months later Dr. Freeman's patient had a return of the disease. In this second attack she was troubled with an intense itching within the vulva, extending through the urethra. This was relieved by appropriate treatment, and lycopus given the same as before, and with the same good results. The last the doctor heard of his patient she was in good health.

Lycopus has been somewhat extensively employed in exophthalmic goitre, and it is said that many cures have resulted from its use. In reporting one of these cases Dr. J. C. Kilgour in part says:

"A young lady came under my care suffering from exophthalmic goitre in a very severe form. Her eyeballs were largely protruding, the thyroid much enlarged and the palpitation of the heart was very distressing. The treatment consisted principally of lycopus and resulted in complete recovery."

The specific indications for lycopus are given in Fyfe's *Materia Medica* as follows: Chronic cough, with frequent pulse and high range of temperature; hemorrhage, with frequent pulse; chronic diseases, with frequent feeble pulse; irregular, rapid and labored action of the heart, the skin being blanched and the extremities cold; passive capillary congestion, involving either the lungs, with a tendency to spitting blood, the kidneys, with profuse urination, and the urine containing sugar, the liver with various bilious symptoms, or the mucous surfaces, with catarrhal conditions; albuminuria, with frequent pulse.

The dose of the specific medicine lycopus is from 1 to 20 drops. *J. W. Fyfe, M. D., In Eclectic Review.*

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### LOBELIA INFLATA.

Lobelia is commonly known as Indian tobacco, and it grows in all parts of the United States. The whole plant is used, but I have usually used the tincture of lobelia seed, for I have found this preparation the most reliable and also more pleasant to the taste. If I were to confine myself to one single medicine and could not have access to any other I am inclined to think lobelia would reach more cases, as we meet them in general practice, than any other medicine.

Lobelia in the ordinary sense is not a poison, although in large doses it is said to have produced death. I have used it in my practice for the past thirty-five years and have never seen any bad effect from its use. In small, often-repeated doses it acts as an expectorant, being one of our best; it is also a sedative, having a place between veratrum and aconite and seems to open up the circulation. It is claimed to be nauseant, emetic, expectorant, relaxant, antispasmodic, diaphoretic, sedative and secondarily cathartic, diuretic and astringent.

"Lobelia is specifically indicated by the full-labored doughy pulse; the blood moves with difficulty; pain in the chest of a heavy, sore or oppressive character; angina pectoris; cardiac neuralgia; pulmonary apoplexy; mucous accumulation in the bronchiæ; convulsive movements; rigidity of the muscular tissue; rigid os uteri with thick, doughy edges; rigid perineum or vaginal walls; nausea; oppressive

sick headache, with nausea; also as an emetic when tongue is heavily coated at base." (Felter and Lloyd.)

I use it in pneumonia with oppressive breathing, also externally. I have used Lloyd's libradol which is practically the "compound lobelia powder," put up into an ointment and spread very thin on oiled paper and the chest covered with it. It produces a pleasant sense of warmth and also has the great advantage to my mind of being very light. The whole application will not weigh over oz.j and does not need changing more than twice in twenty-four hours, which I believe is of great advantage in pneumonia. For an external application in nearly all cases of poison, especially in the poison of dogwood or ivy, I have never found anything better, although for the past two years I have added echinacea with great advantage. A patient comes to me with poison from either of the above-mentioned poisons. I put dr.ij of tincture lobelia seed; dr.ij echinacea, fluid extract, into oz.iv of water and keep the parts wet with the wash. Unless it is of long standing you can rest assured that your patient will get well very quickly.

In all cases of angina pectoris I know of no single drug that gives the relief that full doses of lobelia give, and I should repeat in a few minutes until it produces nausea and vomiting unless my patient were relieved.

I thoroughly believe that we do not give emetics enough because public sentiment calls for more pleasant medication. I have no doubt that in many cases of sluggish condition of the system with nausea and a heavy coated tongue, if we would give an old-fashioned lobelia emetic, plenty of warm drinks so as to give the stomach something to act upon, giving it slowly so as to fully relax the system before vomiting is produced, we would find our patient more quickly relieved than by any other way.

In closing I will say that there is not another medicine I carry in my medicine case which I should feel more lost without than my bottle that contains the tincture of lobelia seed. It is good *externally*, *internally* and *eternally*.— A. L. Chase, M. D., in *Journal of Therapeutics and Dietetics*.

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In the treatment of hand and finger infections, it is very important to release from bandaging as much and as many of the fingers as possible, and as soon as possible. The habit of bandaging up immovably all the fingers, in the treatment of a lesion of some of them, saves the surgeon time but, except in short cases, it often cripples the hand by stiffening the fingers.



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## WHAT OF THE FUTURE?

I believe it is a good thing to stop occasionally, as we journey along our professional way, and take our bearings. If we are proceeding in the right direction it will do us no harm; if we are not it will do us good. Suspicious objects ahead should be investigated and if they prove to be harmless we have lost nothing by the investigation. It is true one may be called foolish, as was little Harry when he mistook a guide-post for a ghost but a certain amount of caution is to be commended.

I sometimes think we are following too rigidly the injunction to take no heed for the morrow, trusting to Providence to conduct us safely over any tight places we come to; and I do not think it is doubting the goodness of God to ask ourselves once in a while the question, what of the future? I believe it is always a good business principle to keep one eye on the possibilities ahead. By taking thought of the morrow as well as the motives which move men to do certain things, we may often escape the devilishness abounding in that aggregate of conscious molecules which arrogates to itself the likeness of God while at the same time it reflects, very often, the images of hell.

What of the future for Eclecticism? What for Eclectic colleges? Will they, by taking thought for the morrow, maintain a standing equal to the demands of the law, i. e., the state boards of registration? Can they do it? We are well aware of the fact that these creatures of the state are assuming various judicial functions not contemplated in their creation, yet sustained by the courts.

In Missouri the board is beginning to show its teeth by presuming to establish an arbitrary standard for medical colleges, and from the veiled hints such standard will put every unendowed college on the defensive. By its assumed authority it becomes possible to destroy every financially weak institution in the state and discredit the diploma of all small colleges in the country which can not and do not meet the requirements. You see the possibilities of the future do you not? Is it not plain to any one that it lies within the power of any state board to discredit a college and put it out of business if it desires to do so? If the financial condition of a college is such that it can not meet the demands what will it do if the boards arbitrarily refuse to recognize its diplomas?

It is clearly evident that the aim of the *regular* school is to gradually and quietly crawl into assemblies and state offices, manipulate legislation to suit its purposes, and finally draw the state into maintaining one or two medical colleges which are to be connected with the various state universities, hospitals and asylums, then make the requirements for license to practice medicine cover attendance upon courses in them.

We frequently hear a plea for the establishment of state universities with chairs in the basement for *an* Eclectic and Homeopath where Eclecticism and homeopathy *may* be taught. Such suggestions usually come from allopaths or apostates from other schools. According to this notion there would be no necessity for separate schools, "there is so little difference you know."

I am no bird of ill-omen but I believe the time is not far distant when Eclectics will have to rally to the support of one or two Eclectic colleges with their money and their influence, for by such means only will we be able to keep the standard of Eclecticism ahead of the demands of our would-be effacers. Did you ever think what could be done if every eclectic in the land would contribute just a few dollars towards equipping and sustaining the colleges? Figure it out at 25 dollars a head. If we have 8,000 eclectics that would mean two hundred thousand dollars. Who would not give a hundred to keep himself and his diploma from discredit. Who would not give the hundred to push Eclecticism forward? It would mean, practically, *endowment*.

There is another thing that strikes me, and that is a business association is managed by its friends and not its enemies. It does not have in its board of directors men who would do all they can to discredit and destroy it. The Eclectic school of medicine is not unlike a business corporation; it must maintain its existence and yet

we seemingly are willing for its board of managers to be made up of its enemies. Why did New York and Texas repeal the three board acts? For the same reason that an enemy of a business concern buys its stock in order to get it into the hands of a receiver.

It is claimed by many eclectics that the lion's teeth and claws have lost their sharpness and that he looks with brotherly love upon the little innocent sheep who stands admiring the lion's shaggy mane, but to my mind it only requires the sight of blood to revive the inherent ferociousness of the brute.

To those who think we have the Eclectic farm so far cultivated that crops will grow without further labor; or that weeds will never again spring up anew, I simply say that wherever seed is sown there tares will also grow, and unless constant watchfulness is given, the wheat will be choked by the tares and the soil will return again to its virgin state.

STEPHENS.

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### WHAT TO AVOID IN TYPHOID FEVER.

The season for autumnal or typhoid fever is with us, and though much is written every year on this most prevalent disease, a few lines may be helpful to the young practitioner, who in his anxiety to do every thing possible for his patient is very apt to do too much.

If one keeps in mind that enteric fever is primarily a systemic disease in which the fluids of the body are poisoned, and thereby the entire system, he will not be so prone to depend upon intestinal antiseptics, and therefore will do less harm to his patient.

Do not try to abort typhoid fever nor use vigorous efforts to break the fever during the first two weeks. The infective material, whatever it may be, has been impressing the system for days and sometimes weeks before the patient has taken his bed, and every tissue and organ is poisoned by the toxins of the disease, and vigorous efforts to abort will only add to the depression already present.

Do not become frightened when the temperature goes to 104 or over, and do not resort to the coal-tar products to reduce it.

If there are only two or three stools per day, do not try to check them, for nature is doing her best to eliminate the poison; on the other hand if the bowels do not move every day, do not consider it your sacred duty to move them with a laxative; your patient is not going to be poisoned further because they have missed twenty-four hours. Avoid cathartics as you would the evil one.

Do not fail to have your patients sponged every day, the linen changed, and a chloride of lime solution always in the bed pan. Dr.

Scudder used to say, "Cleanliness is next to godliness, and in some cases better." This is doubly essential in this disease; keep the patient, the bed linen, and the room clean.

Unless a very mild case insist on the patient using a bed pan; do not permit him to use up his vitality by getting in and out of bed.

Feeding is one of the most important features in this disease and has not received the attention it deserves. It is customary for the doctor to say to the nurse, "Give the patient nothing but milk" and with this instruction leave, satisfied that the diet for his patient has been satisfactorily settled. While milk will form the basis for most typhoid fever patients, there are some that can not take it without harm and nearly all will need something in addition.

In feeding a fever patient four requisites must be considered:

1. It must be easily digested.
2. It must have sufficient heat value to compensate for the loss in weight due to the fever changes.
3. It must be non-irritating.
4. It must not produce diarrhea.

A diet of milk alone does not meet the above requirements and while in most cases it should form the principal diet, it should not be used to the exclusion of other nutriment. Oatmeal jelly (thoroughly boiled and strained) is peculiarly useful in these cases, the addition of the white of an egg adding to its value. It should be served with salt and milk rather than sugar, as the latter is apt to cause fermentation. In some cases however a little sugar will produce no harm. Then we are to think of sherry, whey, buttermilk, Horlick's food, Mellen's food, custards, ice cream, meat juices, lamb broth, etc., care being taken not feed too much at any one time and withdrawing any article of diet that is found to disagree with the patient. Have the food served in a dainty appetizing form, feed regularly and not too much at one time, and above all do not feed solid food till the temperature has remained normal for one week.

Lastly but not least, do not give too much medicine, and never give any remedy unless there is some good reason for it.

THOMAS.

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### USEFULNESS OF THE FADDIST.

"Out of the fullness of the heart, the mouth speaketh."

Ah! let us see how these words of wisdom apply in the line of our present thought, for they have various and diverse methods of application. Take pharmacy. A heart may be full of many things, and the mouth may speak in accordance. Fifty years ago,

the heart of the Eclectic was full of oleo-resins, concentrations alkaloids and resins. It was alkaloids, resins, everything, anything. A few that were useful had been discovered. A multitude that were useless were to be introduced. The heart of him concerned in Eclecticism was filled with the new system of medication run wild. Read the Eclectic journals of that day, witness the facts. The mouth spoke. Alas, it was learned by bitter experience that it spoke unwisely. That a fragment does not often give the full drug valuation of the drug it comes from, that it is a fragment only, was to be learned by experience. This was the lesson learned in bitterness, and then, the fathers of Eclecticism threw that false god aside. And yet, out of the alkaloidal resinoidal fad of those years back, were preserved a few useful remedial agents that in themselves have a part in therapy today.

Before this date, through it all, following it, too, ran the "compound," or rather "mixture" craze. A good thing in itself, when conservatively applied, a dead weight when irrational. When used in toleration, drugs that support each other, or that modify each other, softening a harsh touch or quickening a tardy action, can be wisely associated. A discordant constituent of a drug may be eliminated by the application of intelligent pharmacy, or an energetic addition may be made to one lacking a certain quality. This is the *rationale* of compounding, and yet, one who will take the works of Eclecticism of fifty years ago will perceive a tendency in many directions to run wild. An unreasonable line of mixtures crept in, many were illogical, often they were discordant, incompatible. Rising to the emergency, Dr. Scudder and the men of his day who held Eclecticism dear, drew the knife across the throat of the fad, for it came to be a mighty fad. They made some enemies by so doing, but their cry for simples and for compounds based on reason prevailed. The illogical part of the mixture weight was shaken off from Eclecticism. And yet the good remained and is yet with us. Among the very best remedial agents are to be found the Eclectic compounds of old, and among others to come will be those yet to be rationally devised. The *abuse*, not the *use* of the compound, *illogical mixture* was not destined to discredit the cause. And so that part passed from us, just before its greatest weight dropped on Regular Medicine, in the shape of the outrageous mixtures then fashionable as Elixirs to be mentioned later.

Forty years ago, the hearts of the revisers of the United States Pharmacopoeia were full of glycerin. Their mouths spoke, the fluid

extracts of the U. S. P. responded. It was glycerin here, and glycerin there, regardless of the pharmaceutical or therapeutic value of that liquid. Fluid extracts official and unofficial were loaded with glycerin. It was nearly as much a fad as had been the alkaloidal fad of Eclecticism. It, too, is now a thing of the past, the result being a few lingering fluid extracts that carry glycerin because it is really a solvent for certain constituents of the drugs where, be it said, twenty-five years ago, the writer of this article indicated its value. With the red tannates and the vegetable astringents glycerin excels as a solvent.

Twenty-five years ago, the hearts of traveling representatives of manufacturing pharmacists were filled with the blackness of their fluid extracts. "See how strong it is!" and then a piece of white paper would be saturated to show the *colored stain*. Need one do more than read the articles in the Eclectic Medical Journal of that date to catch the intensity of this fad, this fad that because it was opposed by this writer, brought him much abuse from men who actually believed the black color of a fluid extract indicated its medicinal value.

But let that pass. No longer does a pharmacist claim that black color governs medicinal quality of a plant preparation. And yet he would be a faddist who would decry all colorings, for a few fluid preparations of plants refuse to part with their color without injury to their values. Such need yet be dark.

Then came the mouth speaking from the heart filled with sugar-coated pills. Again the mouth spoke its words. Many were the rivalries of the makers of sugared pills. Almost vicious were the controversies of their representatives. Well do we remember when two antagonist claimants for pill honors met in the office where these lines are written. Nearly did they come to blows. One vowed that the other's pills were so hard they could be shot through an inch plank, the other asserted that his antagonist coated his soft pills with chalk, not sugar. The first man put a pill of the rival on a pine board and drove it down with a hammer, the other took the same board and drew his enemy's pill across it to show the white chalk mark. But that fad is gone and the rivals are forgotten, no longer are pharmacists' hearts filled with sugar-coated pills. And yet, a few pills of the sugar coating style remain in use today, for a pill is sometimes useful.

About this time, the hearts of certain pharmacists were filled with Elixirs, and from the fullness thereof they spoke their words of wisdom. It was remarkable how important these sweetened, medici-

nal, alcoholic beverages were according to their heart-felt words. Strange how physicians had practiced medicine to that date without them. Gone are these sweetened drinks, gone as a fad-class, leaving a few to stand as useful.

Now came the gelatine coated pill, and filled the hearts of men whose mouths responded to the heart touch of gelatine. It was shown that extracts need not be dried or burned, as with pills when sugar coated, it was shown that soft materials undried could be even coated without pin holes. And be it said, for preparations capable of being brought to mass consistency without injury, gelatine possessed great advantage as a coating. But its claims were sung too sweepingly, for remedies that could not be concentrated without destruction of their constituents were included with such as responded well, or at least fairly, to concentration methods, and the gelatine fad passed, leaving a few excellent products.

Then came the tablets, a kind of confectioner's intrusion into pharmacy. Lozenges, colored, oval, round, gun-wad shaped, coated with chocolate and what not. Out of the fullness of their hearts the mouths of tablet makers spake. Seemingly the ills of humanity were now to cease. Drugs that never before had been dried and powdered without destruction of their interstructural relationships were dried and stamped into sugar wads. Said one manufacturer, finally, in disgust, "I draw the line on chloroform tablets!" This was spoken in such a way as to lead to the conclusion that others had been able to dry and powder chloroform. The tablet fad in a retreating form is still on, and yet, there are signs to indicate that its day is drawing to a close, that is, its day of *faddism*. Physicians are beginning to question as to the value of certain evanescent agents purporting to be put into tablets. They have learned that the constituents of a complex drug can not be made into a dry powder and stamped into tablets, much less kept air-exposed in dry condition. The pendulum is swinging back, the waning of the tablet indicates that this fad, like all others, will leave as its wreckage a number of tried and useful agents, for there is no doubt of the value of some of these divided candies.

This is the brief record of a few such fads as these. Enthusiasm run wild; hearts filled with faddish fullness; mouths speaking at random and with indiscretion; preposterous claims for an unworthy multitude based on the value of a worthy few; the result being a discredited line, in which only those lived that deserve to live. It is "the survival of the fittest!"

From out the faddism of the alkaloidal medication of early Eclecticism, the faddism of sugar-coated pills, the faddism of gelatine-

coated pills, the faddism of cordial elixirs, the faddism of glycerin fluid extracts, and the faddism of tablets have medicine and pharmacy profited, for from each fad has been established *a worthy few*. But the expense of it all has been enormous, the wandering through the labyrinths of uncertainties and incongruities has been marvelous. In it all, Eclecticism has been concerned in but two of the many: the alkaloidal resinoid fad of other days, and the illogical mixture craze which, be it said to our credit, were both stamped to death by the early fathers of Eclecticism, who perceived that unless these fads were fairly met from within, they would discredit and strangle the school in the very dawn of its usefulness.

LLOYD.

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### SPASMS IN CHILDREN.

We are now in the height of the season when the doctor is most likely to be rushed out to treat some one in spasms. More often it is a child, sometimes an adult, who has imposed too heavy a burden on his digestive organs. Naturally we would seek the cause first, but this is not always practicable for if too much time is lost in making a minute examination in order to make a nice diagnosis death will have claimed its victim. We must act and act quickly. Chloroform is excellent to control the spasms but not always advisable nor always safe. There are three remedies, however, that are safe and regardless of any further indication than *spasm* we have been in the habit of administering them at once. While ordinarily we believe the best method is to administer medicines singly we have found by experience that a combination of drugs such as I shall mention, will accomplish that which the single remedy fails to achieve. We have arrived at these conclusions from an experience with each of the remedies named (used singly) that convinces us of the superiority of the combination in question. The remedies we shall name are not new; they are old and tried. We always feel sure of the best results obtainable. The mixture is as follows: R.—specific lobelia, specific gelsemium, bromide of potassium aa, dr. j. Water, a half glass. Mix. Sig. One teaspoonful every five minutes until the spasms begin to relax; then every 10 to 15 minutes for the first hour, after that a teaspoonful every 2 hours.

This seems to do all that could be hoped for from any medication. While preparing the medicine we order the patient, if a child, stripped and plunged into warm water up to its chin, and a compress of cold water applied to the scalp. The heat of the water must be tested by the elbow, for one is apt to be deceived if the hand only,



which can often stand great heat, is employed. We make the test and do not trust it to an excited attendant. A few degrees too hot may be fatal to the child, for the skin must not be injured in the least. We also order a large enema of warm soap suds to be given at once. In most instances the bowels will have moved during the spasm, and the attendant may demur. But we insist on a good injection, which can not harm no matter what the cause of the spasms, and is of immense benefit when they are due to an overloaded gastrointestinal tract.

All excitement must be allayed and that is best done by putting every body to work, and all persons not needed requested to leave the room under the plea that the child must have all the air it can get. This is generally a satisfactory ruse.

While all this is going on we invariably ask but three questions: How long has the child been sick? Has it eaten bananas in the last twenty-four or thirty-six hours? Has it eaten bread dough? This clears the way for a final diagnosis that may serve well in the future treatment of the case.

After the spasms cease the child should be taken from the bath, wrapped in warm coverings and placed in bed and kept there for a day at least. No attempt should be made to dress the child for the first two or three hours, when a gown may be substituted for the wrapping blanket. If the spasms have been due to overloading the digestive canal, as most cases are except those ushering in the infectious diseases, this treatment is the most harmless and the most effective of which we have any knowledge. The subsequent treatment, if any is needed, should be that of specific medication as guided by the specific indications.

The most prolific source of spasms in small children, referable to gastric origin, is, in our opinion, due to bananas. A banana as ordinarily eaten is never in a good condition to be attacked by the digestive ferments. If sliced and sweetened with granulated sugar they are more readily broken up, or if they be admixed with sliced orange or pine apple, but as ordinarily swallowed, in a lumpy magma, it is little wonder that spasms follow. For the sake of the child's welfare and health and for our own comfort and rest we prevail upon parents never to feed bananas to a child under two years of age. Other substances are easily led by raw bread dough, so often given to a child to play with while the mother prepares her bread for baking. When swallowed by the child it proves a ready and pernicious gastric irritant. Cocoonut, cheap candies, etc., need only be mentioned to be recalled as fruitful sources of spasms in children.

FELTER.

## ACUTE MENINGITIS.

Acute meningitis is **defined** as an inflammation of the coverings of the brain, particularly of the pia mater, when it is technically **known** as lepto-meningitis. It is often a secondary condition or complication of a number of different diseases, it is thus seen under a variety of circumstances. A common classification is (1), simple acute meningitis, in which class is included secondary meningitis; (2) tubercular meningitis and (3) epidemic cerebro-spinal meningitis.

1. Simple acute meningitis occurs as a complication of many of the acute infectious diseases, as pneumonia, scarlatina, influenza, typhoid fever and enteritis. It may also result from rheumatism, sunstroke or otitis media and occasionally no definite cause can be found. The disease is due to infection of the cerebral membranes by the specific organism causing the primary disease, or to a mixed infection with some septic process. The most common organisms found are the streptococcus or a staphylococcus, although any pyogenic organism may be found.

The symptoms of a meningitis are very irregular in their development and although they present a striking similarity in all forms, they present no typical form or sequence.

The acute symptoms may or may not be preceded by any prodromal symptoms in the primary form of the disease. If so, they are indifference, an indisposition to exercise, and vertigo. In the vast majority of cases the disease is ushered in by vomiting, convulsions, high fever, and pains in the head. The vomiting is of that type termed projectile or cerebral, and occurs whether food is taken or not. The headache is very distressing and the vertigo so intense, the child is unable to stand. It is drowsy and sleeps a great deal; when awake it is very irritable and restless. With the progress of the disease there is intolerance of both light and sound. After a few days there is a marked change. The restlessness is replaced by stupor and finally coma, in those cases pursuing an unfavorable course.

There is contraction and rigidity of the muscles of the neck and in some cases opisthotonos. The pulse is slow or irregular, the pupils dilated. The bowels, at first constipated, are succeeded by a complete loss of both vesical and rectal control. The ocular muscles often become paralyzed, there being either strabismus, ptosis or an optic neuritis.

Meningitis is most frequently met with in children as a complication or sequel of some other disease. During the progress of the

disease, the child is noticed to become restless and uneasy. It turns the head from side to side, or places the hands to the head, cries out shrilly at times or even from its sleep. Possibly it may be a convulsion arouses the anxiety of the parents and announces the advent of a meningitis.

The diagnostic points are: restlessness, vomiting, convulsions, pain in the head, irritability, fever; later stupor, irregular and slow pulse, irregular respiration, coldness of the extremities, dilated pupils, coma.

The one factor in the treatment of meningitis which should not be forgotten is absolute rest, quiet, the patient kept free from noise and unnecessary worry. As a local application we prefer cold to the head and have used the ice cap with good results. Occasionally warm water may be preferable, but our own choice is the cold. The internal remedies are selected in accordance with the conditions presenting; thus, it may be *sp. aconite*, *gelsemium*, *rh. tox.*, or *belladonna*. Each case will have to be treated in accordance with the conditions presenting themselves.

MUNDY.

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### DIFFERENTIAL DIAGNOSIS OF HARD AND SOFT CHANCER.

The diagnosis of the character of a chancre depends upon the period of incubation, the basic induration, and the adenopathy. A hard chancre results from syphilitic infection and appears in about twenty-five days after exposure. The initial lesion varies in its features, and care is, at times, necessary, in order to confirm a diagnosis. In some cases secondary manifestations alone establish the diagnosis. It would necessitate describing almost every form of mucous or cutaneous lesion to mention all the different appearances a chancre may assume, for these sores vary in appearance from a slight superficial erosion of the skin to phagedenic ulcers, although ulceration is not common and a true unmixed chancre does not ulcerate.

When a patient presents himself with a small ham colored spot on the corona glandis perhaps, dipping down into the sulcus and impinging slightly on the foreskin, when the base of the sore feels stiff as though a thin piece of parchment had been let under, and when the inguinal lymphatics are slightly enlarged, the probabilities are in favor of hard chancre. But the diagnosis should be guarded and the patient should be told, that should no secondary symptoms appear within six months, he may feel assured that the tender spot was not syphilitic. The characteristic Hunterian chancre, now almost classical in its position, may be recognized as a deep excavation

in a large mass of induration irregularly rounded, with sloping sides and ragged edges, and secreting scantily. The commonest form of initial lesion is a superficial erosion, often so insignificant as to escape attention especially if situated within the vagina or intravulvular.

In many cases these points of infection, whether on skin or mucous membrane, disappear without treatment, and when the patient consults the physician in regard to secondaries he will frequently and sincerely deny all knowledge of primary infection. We should not rely too much upon the patient's statements in the diagnosis of syphilis. A mixed chancre may occur when the syphilitic virus comes in contact with a fever sore upon the lip, a burn, abrasion, cut, bruise or other skin lesion, which gradually merges with the chancre. The term mixed chancre is, however, usually applied to a soft chancre which later becomes indurated. The differential diagnosis of hard and soft chancre requires close observation but is not difficult, inasmuch as they vary in the salient features of incubation, induration and adenopathy, while to the eye they present quite a different appearance.

A true hard chancre is always preceded by a period of incubation, average time, twenty-five days, while chancroid has no period of incubation. A hard chancre is always indurated at the base, a soft chancre rarely if ever. In hard chancre the lymphatic glands are moderately enlarged, with but little tenderness, no inflammation, no tendency to suppuration, while in soft chancre there is enlargement of but one gland which usually suppurates. Considering the greater frequency of chancroid, its multiple nature, its auto-inoculability and the futility of systemic treatment we have a picture which can not lead us far astray.

Such lesions as herpes preputialis, condylomata, balanitis, epithelioma or lichen planus, may at times, by the unskilled or by the patient, be taken for chancre, but such a mistake is not liable to occur when the progress of the affection is watched closely. It is always well to be reserved in our decision of the character of venereal sores and in many cases an absolute diagnosis is impossible and can not be rendered until time for secondary manifestations has elapsed, which may be sixty or ninety days after the appearance of the initial lesion.

WATKINS.

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BOUND JOURNALS.—We have quite a number of back volumes of the Journal—bound in half sheep, which we will sell, while the supply lasts, at \$2.50, each—or fifty cents only for binding, if you send in your own sets complete to correspond.

We have the new large 1906 volume in green buckskin at fifty cents each, on exchange of sets, or \$2.50 for Journal and binding. Write us your wants now while our binder is slack.

**COLLEGE AND HOSPITAL CHANGES.**

The *Seton Hospital* is now occupying its new quarters on Sixth street—formerly the Presbyterian Hospital. The various departments and buildings embrace the Sisters' and Nurses' Home, 626 W. Sixth street, the Laura Memorial Hospital devoted to children's and medical wards, the McDonald Surgical Hospital, 618-622 Kenyon avenue, devoted to surgery exclusively. A free medical and surgical dispensary has been opened in the first floor of this latter building which will be open daily from 8:30 to 10:30 A. M. It embrace a well lighted lecture room for students and nurses and separates well fitted rooms for the dispensing of drugs—surgical clinic, medical clinic, X-ray and electro-therapeutics—eye, ear, nose and throat clinic. This dispensary will be free to the deserving poor and will be under the exclusive charge of the clinical staff of the Eclectic Medical Institute. This takes the place of the college clinic at 1009 Plum St.

J. Corliss Evans, M. D., E. M. I., 1893, will lecture on Physical Diagnosis, *vice* Dr. Dash, resigned.

Louis C. Wottring, M. D., E. M. I., 1899, will assist Dr. E. T. Behymer in the medical clinic.

J. Stewart Hagen M. D., will conduct a clinic on minor surgery in addition to assisting Dr. Russell in his well filled clinic on major surgery and gynecology.

Dr. Otto Jeuttner will continue to lecture on Electro-therapeutics, and has opened a well equipped clinic in room five, which will be opened every Wednesday from 8:30 to 9:30 A. M. There is no one in this city better fitted for this line of work, which has proven so interesting and instructive to our students.

Dr. Edwin R. Freeman will conduct a clinic on Skin and Venereal Diseases, Tuesdays and Thursdays, and will be assisted by Dr. V. P. Wilson.

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**MEDICAL ABSORPTION.**

Much adverse criticism has appeared lately in the regular medical press in regard to the new A. M. A. absorption crusade.

We reprinted on page 303 an excellent editorial from the *Medical Century* by the veteran homeopath, Dr. Dewey, and one from the *Virginia Medical Semi-Monthly* (see page 369) by Dr. Landon B. Edwards, an equally prominent Allopath.

We now print a personal letter which is equally telling. We know our readers will admire his candor.

RICHMOND, VA., June 8, 1907.

DR. JOHN K. SCUDDER. *Dear Doctor*:—I have read the editorial on pages 314 and 315 in your journal, with a great deal of interest, and I am specially glad to have the fact to which you refer, that the Journal A. M. A. has not replied to your letter, either editorially nor personally. While I know that I am liberal in my views as to other schools of practice, I can not understand how our two different schools can amalgamate, any more than a Methodist and a Baptist can join the same church. In all questions relating to the general cause of medicine—as in hygiene, or the establishment and care of elymosynary institutions for the sick, or with reference to boards of health, or in the face of a public epidemic, etc., I can well see where we can all work together for a common good. But when we come to many personal consultations at the bedside, where you believe conscientiously in one course of treatment, and I in another, I can not see why we should be brought together simply to disagree—to the injury of the patient. How can we in county, district or state or national societies discuss from the same standpoint what to do in a given case? Your convictions are strong; mine are likewise; still we do not agree in such cases. And unless some general discovery as to cure, as anti-toxin in diphtheria, or vaccination to prevent small-pox, etc., is made—when the world adopts the facts—I can not see why we should amalgamate in local, state or national societies to discuss treatment of diseases, etc.

But I did not intend to write so much—only to thank you for calling attention to the facts referred to, to which I may have occasion to refer in some future reference to the A. M. A., of which I am a member. Yours very truly, LONDON B. EDWARDS.

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*Journal of Therapeutics and Dietetics*, published monthly by Dr. Howes, in Boston, will be sent one year with this Journal on receipt of \$2.25.

The *Eclectic Medical Journal* and *Eclectic Medical Gleaner*, one year to any address, \$2.50 net.

The *Eclectic Medical Journal* and *Ellingwood's Therapeutics*, one year, \$2.40 only.

# THE ACUTE Digestive Disorders

Of Summer and Autumn—"Summer Complaint"—unless properly treated, are likely to be followed by impaired digestive function of a more or less permanent character.

These acute disorders yield promptly to appropriate treatment and

## **ALKARHEIN**

(Alkaline Elixir Rhubarb Compound with Pancreatin)

is the simplest and most efficient of common sense remedies for this condition.

Each fluidounce represents Rhubarb 20 gr., Golden Seal 10 gr., Sodium Bicarbonate 10 gr. Pancreatin 8 gr., Cinnamon 10 gr

It has been successfully used by thousands of physicians during the past twenty-five years.

Write for sample and descriptive matter.

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### **The Wm. S. Merrell Chemical Co.**

**NEW YORK**

**CINCINNATI**

**SAN FRANCISCO**

# GREEN DRUG

## Fluid Extracts

### AND

## Normal Tinctures

### The Highest Type of Fluid Medicines.

*Because* in their manufacture we recognize the fact that the therapeutic value of many drugs depends upon constituents that are volatilized, easily oxidized, decomposed, or rendered insoluble by the ordinary process of drying or by long or imperfect storage—

*Because* in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

*Because* the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

*Because* of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

*Because* the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. Norton, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

## The Wm. S. Merrell Chemical Company

HEADQUARTERS FOR HIGH-CLASS REMEDIES  
FOR DISCRIMINATING PHYSICIANS.

New York

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San Francisco



# THE ECLECTIC EWS

## A MONTHLY NEWSPAPER

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Vol. XII.

SEPTEMBER, 1907.

No. 9.

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### BOOK NOTICES.

**A Text-Book of Practical Therapeutics.** With special reference to the Application of Remedial Measures to disease, and their employment upon a rational basis. By H. A. Hare, M. D. Twelfth edition, thoroughly revised. Illustrated. Lea Brothers & Co., Philadelphia. 939 pages, cloth, \$4.00.

Hare's Therapeutics takes a deservedly high rank. It is divided into four parts. I. General Therapeutical Considerations. II. Drugs. III. Remedial Measures other than Drugs: feeding the sick. IV. Treatment of Disease; table of doses of medicines; index of drugs and remedial measures; index of diseases and remedies.

Hare is not a therapeutic nihilist, nor does he indiscriminately recommend a vast number of drugs. In his introduction he says: "The man who does not believe in the proper use of remedies for the cure of disease lacks the very keystone of the arch upon which all medical investigation rests, for the ultimate aim and object of all medical thought and effort are the cure or alleviation of disease." His policy is again outlined in these words: "Before ordering a drug or method of treatment, the physician should have a clear conception of what he is trying to accomplish. No remedy should be given unless there is a distinct indication for its use. The old-fashioned 'shot-gun' prescription, containing many ingredients, one or more of which might hit the mark, should be supplanted by the small-calibre rifle ball, sent with directness at the condition to be relieved."

These views will meet with approval from every Eclectic reader. Dr. Hare has pruned therapeutics until he has given briefly and pointed out the best remedial agents as he sees them. As an instance of his liberal views, he does not present merely the old statement concerning bryonia being but a drastic cathartic, but refers to its value as used in the more modern school of homeopathy. He does not seem, however, to know practically its value in pleurisy, and his doses are

drastic. Few Eclectics would think of treating pleurisy without small doses of bryonia. On the whole, it is an excellent work, and we do not hesitate to recommend it to all classes of medical practitioners.

H. W. F.

**Essentials of Medical Gynecology.** By A. F. Stephens, M. D., Professor of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pages, fully illustrated. Cloth. \$3.00. The Scudder Brothers Co., Publishers, Cincinnati, O.

Professor Stephens hardly needs an introduction to the readers of the Journal, to which he has been a valued contributor for years. It has been said that kindly medication has been the making of many a young Eclectic physician, in the treatment of diseases of children. It can be said with equal truth that the successful treatment of most diseases of women by *Medicine* helped make the reputation of Scudder, King and Clark. For forty years their works were classic, on account of their strong ideas on medication.

Prof. Stephens is a firm believer in medicine in the treatment of these diseases, but he does not decry surgery *when necessary*. This work is just what its name implies—an attempt to show that specific medication, properly used and used early, will cure most of these diseases. This book has long been needed by our school, and will undoubtedly meet with hearty approval. It will be reviewed again later.

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**The Causes, Symptoms, Diagnosis, Pathology and Treatment of Chronic Diseases.**

By John King, M. D., late Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati; author of *American Dispensatory*, *American Obstetrics*, *American Physician*; *Women, their Diseases and Treatment*, etc. Octavo, 1607 pages. Leather, \$8.50 net. The Scudder Brothers, Cincinnati, O.

Though this book was written quite a number of years ago, and much advancement has been made in the treatment of chronic disease since then, yet there is a large amount of knowledge to be gleaned from its pages which will prove beneficial to the practitioner of today. Its author was a man of rare diagnostic ability, as well as a careful and conscientious adapter of drugs to diseased conditions. His deductions will well pay for the time spent to study them.—P. E. HOWES, M. D., in the *Journal of Therapeutics*.

## **"SPECIFIC MEDICATION AND SPECIFIC MEDICINES."**

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows:

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no SPECIFICS *for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

LLCYD BROTHERS,

CINCINNATI, OHIO.

JANUARY, 1907

## SUMMER REMEDIES

# GLYCONDA.

Among the Eclectic remedies best established for derangements of the stomach and bowels, is to be numbered Beach's Neutralizing Cordial.

The remedial agents constituting this cordial have, during a period approaching a century of time, maintained themselves so positively, as now to be considered a therapeutic unit to which drug additions are superfluous, and from which no drug can be taken without disturbing its therapeutic equilibrium.

The Eclectic Fathers, in the beginning of Eclecticism, gave to this remedy their approval and Eclectic practitioners to-day class it as one of their most important remedies. But in one direction it is pharmaceutically objectionable, and in a therapeutic view, by reason of the same pharmacal incongruity, it is illogical. This is because one of its non-medicinal constituents is useless, and at times even harmful, in affections for which its true drug constituents were selected.

This deleterious substance is sugar, which overloads the preparation and which not only induces saccharine fermentation in the stomach and bowels but antagonizes its remedial associates, becoming a disturber, and worse than useless. It not only counteracts the drug influences, and generates fermentative processes, but makes it necessary to give such large doses in order to get an equivalent of medicine, as to make the Cordial to many persons an impossible remedy.

About two years ago, a Committee was appointed by the New York Specific Medicine Club, Dr. Wm. L. Heeve, Chairman, the object being the displacement of sugar in the old style Beach's Cordial, and the retention of the original drugs. A number of experiments, some in large quantities, finally established that the formula to which the trade term GLYCONDA is affixed, is pharmaceutically perfect, and therapeutically satisfactory.

**QUALITIES.**—1ST. Each minim of GLYCONDA carries the full amount of drug constituents of a like amount of Beach's Concentrated Neutralizing Cordial.

2ND. It is effective in less than the dose of the old form Beach's Cordial, because no ill effect of sugar has to be overcome.

3RD. To most persons it is grateful, by reason of the pleasant flavor and warming qualities.

4TH. It is pleasant to the taste and does not nauseate.

5TH. It will neither ferment nor freeze.

6TH. It carries no added sugar, and produces no saccharine fermentation in the stomach or bowels.

PRICE: 8 Ounce Bottle,.....	\$0.35
Pint Bottle, .....	0.60
Quart Bottle,.....	1.10
Gallon, .....	4.00

GLYCONDA is now being stocked by jobbing druggists, and will be supplied in original bottles by every jobber in America.

**The Essentials of Histology.** By E. A. Schafer. Cloth, \$3.50.  
Lea Brothers & Co., Philadelphia.

This is the seventh edition of this work, enlarged, with a number of colored plates. As in former editions the text matter is clear and not so technical but that it is easily understood by students. The chapters on the nervous system are enlarged and are thorough, making the book more valuable. The drawings and cuts are clear cut and a great help in the work. This is one of the standard works, and an exceedingly good one for students.

J. L. P.

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## COLLEGE AND SOCIETY NOTICES.

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### NATIONAL ECLECTIC MEDICAL ASSOCIATION.

#### Report of the Advisory Committee.

The Advisory Committee recommends that the Secretary of the National Association communicate with each and every state society urging closer affiliation of the several state societies with the national body; that the dues of the various state societies be so adjusted that a member in good standing in a state society becomes a member of the National by the payment of a per capita tax of \$2.00 per annum. The Secretary shall report the result of his inquiry in one year.

We recommend the creation of a standing committee, to be known as the "Council of Education," to consist of five members, having for its object the general aid, advancement and improvement of all Eclectic medical colleges, associations and other institutions in the United States.

Your committee, to whom was referred the address of Prof. R. L. Thomas, desires to present the following as the result of its careful consideration:

**Resolved,** That it is wise to place before every Eclectic in the country the vital importance and necessity of sending their students to Eclectic colleges.

**Resolved,** That in spite of therapeutics having been eliminated by many of the state examining boards, it still remains one of the most vital of subjects taught in the preparation of students for the practice of medicine.

**Resolved,** That this Association place a copy of Prof. Thomas' address in the hands of every Eclectic physician.

**Resolutions.** Introduced by J. D. Robertson, M. D. Referred to the Advisory Committee.

Whereas, There has been and is a determined effort, on the part of the American Medical Association, through its Educational Committee, to discredit all private medical schools, and especially the Eclectic, Homeopathic and Physio-Medical institutions, and

Whereas, Said Educational Committee has established a plan of rating which will cast reflection upon these schools, and

Whereas, The report made by this committee is being sent to all State Boards of Health and Medical Registration in the United States:

Therefore, Be it Resolved, by the National Eclectic Medical Association, that we deprecate such unfair action; and be it further

Resolved, That a Council of Education, consisting of five members, be appointed, which shall have for its object the general aid, advancement and improvement of all Eclectic medical colleges and institutions in the United States.

**Resolution,** Introduced by J. K. Scudder, M. D. Referred to Advisory Committee.

Resolved, That the name of the present Committee on Legislation be changed to the Committee on Organization and Legislation, to be appointed by the President—one member for each State—to hold office for three years. Said members are to be selected on the suggestion of the officers of the respective State Societies, with a view to their peculiar adaptability and willingness to do the work of organization faithfully and conscientiously. Said committee to organize with a permanent chairman and Secretary, and an allowance is hereby authorized, not to exceed \$100, to cover the necessary expenses of postage and stationery and card index system of the society membership of the different states.

**Resolutions,** Introduced by Drs. Sharp, Winter, and Robertson. Referred to the Advisory Committee

Whereas, Dr William Osler and other leaders of Allopathic medical thought, have done and are doing much to discredit medicine, and thereby encourage faith cures and other cults by their nihilistic declarations, depreciating the value of medicines and drugs in such acute diseases as pneumonia, typhoid fever and kindred troubles, in which the Eclectic school of medicine has reduced the treatment to a scientific certainty by the application of therapeutic agents to diseased conditions and proven the value and efficacy of the scientific application of remedies to such diseased conditions, thereby mitigating the symptoms or aborting the disease itself; and

Whereas, Such nihilistic declarations are filling the younger physicians and the recent medical graduates with unbelief in the value of remedial agents, and developing in their minds a spirit of medical nihilism that is dangerous to the best interests of progressive scientific medicine and creating doubt and distrust in the minds of the mass of the people; therefore, be it

Resolved, That we appeal to all physicians and the public to investigate the virtue of medicine along the lines of the application of therapeutic agents to diseased conditions, and not be blindly misled by the pernicious teachings of such medical nihilists as above mentioned, who are doing more than all other influences combined to destroy confidence in the ability of physicians to successfully cope with disease. And be it further

Resolved, That we deprecate the attitude of the American Medical Association, which through the manipulation of a few medical politicians, is degenerating from the high and noble purpose of an organization for the development of medical science into a purely commercial organization, guided by a few high priests of allopathic medicine, whose monopolistic tendencies and desires are to crush out all who refuse to accept their ideas and dictus on medical matters.



## Germicidal Discs

FORMULA OF DR. CHAS. T. McCLINTOCK.

Each disc contains: Mercuric Iodide,  $\frac{3}{8}$  gr.; Sodium Bicarbonate, 16 grs.

**A**NTISEPTIC solutions prepared with *Germicidal Discs* are distinctly preferable to aqueous solutions of mercuric chloride. They have vastly greater germicidal power. They do not irritate the hands. They do not coagulate albumina. They do not injure waste-pipes or mar the beauty of fine instruments.



*One Germicidal Disc dissolved in four ounces of water forms a 1-5000 solution of mercuric iodide, equal in germicidal activity to a 1-1000 solution of corrosive sublimate.*

Screw-cap vials of 16; bottles of 100.

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# ECTHOL.

**FORMULA:—EACH FLUID DRACHM REPRESENTS TWENTY-EIGHT GRAINS ECHINACEA ANGUSTIFOLIA AND THREE GRAINS THUJA OCCIDENTALIS. IT IS ANTI-PURULENT, ANTI-SUPPURATIVE, ANTI-MORBIFIC, AND IS ESPECIALLY INDICATED IN BREAKING DOWN CONDITIONS OF THE FLUIDS, TISSUES, CORPUSCLES, AND DYSCRASIA OF THE SECRECTIONS.**

**BROMIDIA      PAPINE      IODIA**

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CORPORATION,



**Ohio Central Society.**

The Ohio Central Eclectic Medical Society celebrated the twentieth anniversary of its organization, in the park at the Shepard Sanitarium on Thursday, August 8.

The Society meets on the second Thursday of each month, except the month in which the State Association meets. The August meeting always takes the form of a pic-nic, and no business is done except the election of officers and payment of dues. This being an extra occasion invitations were sent to many of the profession in central Ohio (allopathic, homeopathic and all). A goodly number accepted, and with the members and their families enjoyed the occasion greatly.

Dr. S. M. Sherman read a brief history of the society, describing the principles and aims which prompted its organization and have governed it since. It is gratifying to know that twenty years ago this society advocated that cordiality and friendly consideration of all the members of the profession, which has so lately become general.

Dr. Sylvester J. Goodman entertained the company with a humorous talk on "Recreation for the Doctor." The ladies of the W. E. Church served a fine dinner, followed by ice cream and watermelon.

The officers elected were: W. S. Cole, President; F. O. Williams, 1st Vice President; F. G. Taylor, 2d Vice President; W. E. Postle, Rec. Secretary; J. G. Sherman, Cor Secretary; S. M. Sherman, Treasurer.

**Massachusetts Society.**

The forty-seventh annual meeting of the Massachusetts Eclectic Medical Society was held at The Vendome, Boston, June 6 and 7, with a goodly number in attendance. The Vice President, Grandville R. Johnson, M. D., acted as presiding officer in the absence of the President.

Interesting papers were read by Fred. G. Fillimore, M. D., on Puerperal Septicemia, and A. Waldo Forbush, M. D., on Veratrum Viride. A symposium on drugs elicited valuable remarks by Electa A. Brown, on Gentian; Augustus L. Chase, on Lobelia; Lydia Ross on Bryonia; and C. Edwin Miles on Vesicaria Communis. The annual oration, on "The Advantages of Association to Medical Practitioners," was delivered by Davis P. Borden, M. D.

The annual dinner was served at 6 P. M. the second day, at which Lydia Ross, M. D., officiated as anniversary chairman.

The following officers were elected for 1907-8: President, Granville R. Johnson, Templeton; Vice President, Charles E. Keck; Secretary, Pitts Edwin Howes; Treasurer, Nathan L. Allen.

Next place of meeting, Boston

**Resolutions of Respect** in the memory of Dr. Henry Long, who departed this life June 23, 1907.

Whereas, In the dispensation of an all-wise Providence it has pleased the Creator of the universe to remove from this life Dr. Henry Long, one of our most able and highly respected physicians, the last remaining charter member of the Indiana Eclectic Medical Association, one of the original members of the National Association, and one of the organizers of the Marion County Association, who filled the chair of Surgery in the Eclectic College of Physicians and Surgeons: be it

Resolved, That in the death of Dr. Long the Marion County Eclectic Medical Association has lost one of its most faithful members and worthy President.

Resolved, That in all his relations in life, as a teacher, physician, friend and citizen, he represented the highest type of manhood—one who possessed the courage of his convictions and was ever ready to defend them.

Resolved, That a copy of these resolutions be spread upon the minutes of the Marion County Eclectic Medical Association, and a copy sent the neighboring Eclectic medical journals for publication.

OLIVER S. COFFIN.  
ALEX. C. SMITH,  
ALBERT E. TEAGUE, } Committee.

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#### California Society.

The regular annual meeting of the Eclectic Medical Society of California was held at Los Angeles, June 17th. In the absence of the President, Dr. Ben Stetson, the Society was called to order by the first Vice President, Dr. J. A. Munk. The following officers were elected for the ensuing year: President, F. J. Petersen, Lompoc; 1st Vice President, M. Blanch Bolton, San Pedro; 2d Vice President, Ira A. Wheeler, Healdsburg; Rec. Secretary, J. Park Dougall, Los Angeles; Cor. Secretary, M. B. Ketchum, Los Angeles; Treasurer, C. H. Hervey, San Jose. On motion of Dr. Dougall, seconded by Dr. Ketchum, the Society decided to hold its next meeting in San Francisco, May 23-25, 1908.

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#### Pennsylvania Society.

The regular annual meeting of the Pennsylvania Eclectic Medical Society was held at Harrisburg on June 5 and 6. They had a very successful and interesting session, adding a number of new members to their list. The following officers were elected for the ensuing year: President, O. J. Hemminger, Rockwood; 1st Vice President, W. S. Glenn, State College; 2d Vice President, R. E. Holmes, Harrisburg; Cor Secretary, Kimmel Rauch, Johnstown; Rec. Secretary, Nannie M. Sloan, Latrobe; Treasurer, S. J. H. Louthier, Somerset.

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#### Wisconsin Society.

The Wisconsin State Eclectic Medical Society held its thirteenth annual session at Madison May 28 and 29. The officers for the ensuing year are: President, A. A. Duclos, Milwaukee; 1st Vice President, W. S. Blunt, Wau-pun; 2d Vice President, W. H. Dodds, Briggs-ville; Treasurer, J. F. Stillman, Walworth; Recording Secretary, J. V. Stevens, Jefferson.

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#### Oklahoma Society.

The sixth annual meeting of the Oklahoma Eclectic Medical Association was held at Oklahoma City, May 16 and 17. A very enthusiastic meeting was held, and a number of good papers read. The same officers were re elected for the ensuing year: President, J. F. Son, Ardmore; Vice President, I. A. Briggs, Atoka; Secretary, E. G. Sharp, Guthrie; Treasurer, B. K. Wyodf Anadarko.

## Summer Ailments

involving the gastro-intestinal tract or the circulatory system, are especially amenable to

## Gray's Glycerine Tonic Comp.

This well-known remedy has the great advantage of never being contraindicated during the heated season, as are cod liver oil and many other tonics. Therefore, it may be given throughout the year without a question as to its therapeutic fitness.

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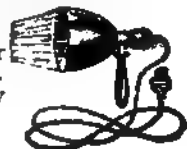
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## THE ECLECTIC NEWS.

### **South Dakota Society.**

The South Dakota Eclectic Medical Society held its annual meeting at Huron June 4 and 5. A very profitable and enthusiastic session was held. Dr. W. P. Collins, of Howard, was elected President, and Dr. W. E. Dailes, of Madison, Secretary and Treasurer.

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### **New Single Texas Board.**

The Governor has appointed the new medical board of 11 members—5 allopaths, 2 eclectics, 2 homeopaths, 1 physio-medical, 1 osteopath. The eclectics are Marquis E. Daniel, M. D., of Honey Grove, and J. P. Rice, M. D., of Fredericksburg. The board organizes soon.

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The Texas Eclectic Medical Association will meet in the Commercial Club Rooms, Dallas, Texas, October 23rd and 24th. Headquarters, St. George Hotel. Dr. J. A. Lanus, President, Bonham, Texas.

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## PERSONALS.

### **OBITUARY.**

E. W. Jewell, Penn. Eclectic, '67, died at Lorraine, O., May 20, from uremia. Age 60.

Robert M. Janson, Bennett, '85, died at Ingall, Mich., from pneumonia. Age 64.

Jamee J. Sharp, N. Y. Eclectic, '71, died at Arcade, N. Y., from paralysis. Age 78.

Harley L. Leonard, E. M. I. '80, died at Syracuse, N. Y., June 16. Age 57.  
George W. Manwaren, New York, '91, died at Fairbury, Ill., June 25. Age 56.

Thomas S. C. Pyle, Penn. '68, Died at Allensville, June 29.

Eugene A. Bassett, Bennett, '84, died at Barrie, Mass. July 6. Age 67.

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**LOCATION.**—Good location in California, consisting of practice, medicines, and good will, for a good Eclectic. For particulars address with stamp, Dr. J. W. Scally, Santa Ana, Calif.

**TEXAS.**—Good country location, small property. Address Dr. W. H. Gore, Eliasville, Texas.

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Dr. C. W. Beane, E. M. I. '07, is located at Kings Creek, Ohio.

Wm. Steinhauser, E. M. I 1905 has passed the Kansas Board and is located at Hamlin.

J. W. Thornbury, M. D., E. M. I 1907 passed with honors the W. V. Board and is now located at Kermit, W. Va.

Dr. J. C. Andrews, E. M. I '88, formerly of Richland, Oregon, has now moved to North Yakima, Wash.

Dr. Caroline M. von Langau has removed from 2801 Wentworth Ave., to 5057 Ashland Ave., Chicago, Ills.

Dr. F. M. Sponseller, E. M. I '07 is nicely located at Occola, Ohio. Dr. Sponseller passed the Ohio Board in June.

E. M. Wright, E. M. I '96 has just opened a private sanitarium for medical and surgical cases at Warsaw, Ohio.

Dr. F. N. McLaren, E. M. I '04, formerly of Table Grove, has removed to White Hall, Ill.

Dr. A. B. Bailey, Bennett, '89, of Fennimore, Wis., has been appointed to succeed Dr. F. P. Klahr on the Wisconsin State Board of Medical Examiners.

Dr. S. F. Smith, one of the members of the Eclectic State Board of Examiners at Leesburg, Florida, can locate several good Eclectics in his state.

Dr. Edward Brinkerhoff, E. M. I '86, located at Bristolville, Ohio for the past twenty years, is now permanently located at No. 16 W. Federal Street, Youngstown, O., and will pay attention to diseases of women and children.

Dr. S. F. Smith, Leesburg, Florida, E. M. I '01. has just been reappointed a member of the State Board of Eclectic Medical Examiners of Florida, for a period of four years. The Board intends taking up the question of reciprocity with various states in a short time.

The following E. M. I '07 graduates successfully passed the Ohio State Board last June. E. J. Buten, 28 W. 11th st., Newport, Ky., J. O. Dickinson, Bellefontaine, O., Geo. D. Whitacre, 441 Chapel St., Dayton, O., H. C. Dahm, 2234 Spring Grove Ave., Cincinnati, O., Miss Nelle Van Horn, Firdlay, O., P. H. O'Hara, Eaton, O., D. E. Rausch, Stone Creek, O., Wm. B. Hartwig, Uniontown, W. Va., Miss Pina M. Welbourn, 303 Grant Bldg, Los Angeles, Calif., O. W. Beane, Kings Creek, O., F. M. Sponseller, Occola, O., V. L. Bell, Oakley, Cincinnati, O. Also Wm. H. Van Doren, E. M. I '86 of Kaskakee, Ills., and Dr. E. C. Beam, E. M. I '84 of Pataaskala, O.

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## READING NOTICES.

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**A Palatable Cod-Liver Oil Preparation.**—The day for nauseating combinations of drugs has passed, this state being brought about by the ability of chemists to prepare an efficient yet palatable product. This is especially seen in the case of Hagee's cordial of the extract of cod-liver oil compound, which long ago won the favor of the medical profession. This cordial possesses marked advantages as a cod-liver oil product, and its superiority over ordinary cod-liver oil is due to its palatability. Its administration may be continued over indefinite periods of time. A stomach that would quickly revolt against the pure oil or imperfectly prepared combinations containing it, will accept Hagee's cordial without any evidences of distress.—Medical Era.

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*The late t books will always be found on this page.*

- Essentials of Medical Gynecology.** By A. F. Stephens, M. D., Professor of Medica Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pages, fully illustrated. Cloth, \$3.00, postpaid. 1907.
- Diseases of the Digestive Organs.** For students and practitioners. By Owen A. Palmer, M. D., Cleveland, O., Member Ohio State Eclectic Medical Association, etc 8vo, 524 pages, cloth, \$3.00. 1907.
- Treatment of Disease.** By Finley Ellingwood, M. D., Chicago, Editor Ellingwood's Therapeutist. Two volumes, 8vo, 1100 pages. Cloth, \$6.00 per set, postpaid. 1907.
- Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D., Professor of Ophthalmology Otology, Rhinology and Laryngology in the Eclectic Medical Institute, Cincinnati. 700 pages, 12mo, fully illustrated, Cloth, \$3.50, postpaid. 1906.
- The Eclectic Practice of Medicine.** By Rolla L. Thomas, M. D., Dean and Professor of Practic in Eclectic Medical Institute, Cincinnati. 8vo, 1033 pages, fully illustrated in colors and black. Cloth, \$6.00; sheep, \$7.00, postpaid. 1906.
- A Handy Reference Book to Specific Medication.** By J. S. Niederkorn, M. D., Versailles, O. 16mo, pocket size, 151 pages. Flexible leather, \$1.25. 1905.
- Materia Medica and Clinical Therapeutics.** By F. J. Petersen, M. D., Lompoc, Cal. 12mo, 400 pages, Cloth, \$3.00. 1905.
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# THE ECLECTIC JOURNAL

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## Original Communications.

### THIRTY YEARS AFTERWARD.

By John Fearn, M. D., Oakland, Cal.

In the month of February, 1877, having graduated from the Eclectic Medical Institute, I left Cincinnati for California, where I have made my home ever since, never leaving the state but once when I spent a few weeks in Chicago a few years ago. Last June, feeling foot loose for purposes of family reunion, health, and rest, I came to visit my daughter in West Virginia, and while there determined to visit my friends and Alma Mater at Cincinnati. Soon after my arrival I found myself within a few blocks of the Institution and looking down the street, I saw the well-known building and the familiar sign proclaiming it to be not merely a school of medicine, but an Eclectic school of medicine. I went to the spot where my late dear friend, J. M. Scudder, M. D., used to keep office. There was no office there. But Lloyd's Drug House have taken in the office, as also the rooms overhead, formerly occupied by the students as dormitories. I then went round to the other street, Plum St. and on entering the office, was met by a young man. I asked to see Dr. Scudder. He said, "I am Dr. Scudder." I said, "You are not Dr. J. K. Scudder." He said he was. It was only a few years since we had met, and here we were unable to recognize each other at first sight. In my own case since we last met my hair had become white through a very serious accident. As for Dr. Scudder he had matured and become very manly. We were soon happily seated in the private office. And I was an interrogation point as to everything that affected the E. M. I. I found my companion as usual very conservative, not at all inclined to magnify our position. But the result was, that my previous knowledge gained by inquiries on the outside was confirmed. The old E. M. I. was taking good

care of itself and its numerous family, and not one of its graduates need be ashamed of her course.

Her classes were as large in point of numbers and in intelligence as any medical college class in the Queen City, and we know that in practical clinical and oral teaching there is no medical school in this or in any other country in the world to surpass it.

My guide led me through the college building. I stood in the amphitheatre where I had listened to our great teachers and surely greater teachers could hardly be found in the past or present, then Scudder, Howe, King, Locke, Freeman and others. But these and others had passed away. But is our cause lost. Certainly not when we see crowding into their places such men as Russell, Thomas, Bloyer, Watkins, Scudder and others. No, in the hands of these men our cause is safe.

While standing there my mind went back to a beautiful morning in that amphitheatre many years ago. In his lucid way, Howe was lecturing upon the surgical procedure for the cure of inguinal hernia. There was in that class an elderly man who was brushing up on medicine, and Howe was quizzing him—Howe had been very graphic, and all at once he shouted at the student. Do you see that inguinal tumor? "I do," said the student. "Well, what will you do with it?" The man in trepidation and excitement said, "I would cut it off." The class roared, and Howe, with that well, remembered smile on his face, passed on to the next. As I looked round that amphitheatre I found that the students who had been there in these later years, had been men not only of brain but brawn, the splintered and damaged wood work bearing silent though eloquent proof to this fact.

In further conference with my guide I learned that which will be good news to every graduate of the E. M. I. That institution which has already done such good work, is renewing its youth. Within the next two years the present building will give way to a beautiful new college with all needed modern appointments and improvements—and that will be connected with one of the best appointed hospitals in the land. Dr. Scudder took me to the Seton Hospital, where I saw plans and work under way, which, when completed, will make the building take high rank amongst such institutions. Beautiful operating rooms, abundance of wards and private rooms, and these rooms flooded with sun and daylight, and every provision for antiseptic precautions, and for the comfort of the sick. And last but not least, this beautiful building and these facilities are right near where the people who supply the material

for medical and surgical clinics are in greatest numbers. Cincinnati, I hear, is about to erect a \$750,000 hospital. But from what I have seen and investigated if I had 20 boys to study medicine and surgery I would choose for them the facilities of the Seton Hospital and the new E. M. I. college before that projected new hospital.

In conclusion, every eclectic is or should be interested in the success of eclectic colleges. We have some five good colleges extending from New York to California including the one in the South. Everyone of these should be sustained. But in my opinion no more should be started for some time. It takes money and hard work to make colleges succeed, as many of us know by experience. We have no endowments. An increasing number of new first class students is our only hope. And if we each do our duty these students can be gained and our cause can gain that prosperity which it needs and which it should have. Let me illustrate: Suppose there are about 2,000 E. M. I. graduates in practice. I do not know but I should think this would be a conservative estimate. Now if one in fifty of these men should make it a point to send one new student every year to the college, that would ensure its success. Then let the other colleges with their graduates follow suit. This to my mind is the way to success, and we are all agreed that nothing succeeds like *success*.

---

#### TELA ARANEÆ.

By Herbert T. Webster, M. D., Oakland, Cal.

For many years Dioscorides, spider's web, has been a popular domestic remedy for ague in different parts of Europe. Its use as a local hemostatic is also almost if not quite as ancient. The domestic use of an agent is sometimes liable to belittle it in the minds of the profession; the employment of spider's web as a remedy by medical men seems to have become rather a rarity, possibly because of its traditional use. Venturably, the uncouth character of the product and its rather detestable source may exert some influence in rendering it unpopular with persons of refinement, such as the majority of medical men.

Little favorable mention is made of it in works on therapeutics. Hale, who was usually an excellent observer and keen investigator in the field of therapeutics, discredits it as a remedy of much worth, though he furnishes us with a succinct account of the use made of it by Grauvogl, and his specific indication, which still appears to be our best guide for its application. However, Hale winds up his

article on the remedy with the statement that he has never given aranea but once, viz., when he thought it decidedly called for by Grauvogl's indication, and saw no benefit from its use. Some of our own writers on therapeutics fail to mention it in their text-books, so low does it seem to be held in professional esteem.

The experience of the writer with this remedy has been very much to its credit. Though it has failed him occasionally—or he has failed to properly apply it—he is convinced that Grauvogl enunciated a lasting benefit to the profession in his exploit with tela. He has afforded us a central truism, around which much substantial knowledge has been built from clinical experience. Within the past few months, two of the most honored practitioners of our State, Drs. Fearn and Munk, upon separate occasions, have signified their high appreciation of this remedy in various conditions marked by persistent chilliness.

This symptom appears to be the key note for its use, though we should dissociate the proposition from the idea that the prolonged chilliness must necessarily belong to an ague, or malarial manifestation. Unless this is done, we are liable to neglect it almost completely; for, so many better and more reliable remedies for intermittents are in vogue that we can never expect to win renown with it in this field, though when specifically indicated it is as applicable in malarial conditions as in any other, according to my experience. The writer, however, has obtained the most satisfactory results from it, possibly because he became better acquainted with it there, in a district where intermittent fever is unknown, unless imported; though it may be mentioned, in passing, that periodicity is rather a significant indication for it, though not the leading one. Periodicity, it is to be remembered, does not always indicate malaria. There are exceptions to all rules, and a number of them to this.

Whenever a case presents, be it acute or chronic, in which the patient finds himself prone to continual chilliness, unable to get comfortably warm by the aid of proper clothing, apartment and fuel, tela is the first remedy to be thought of. The demand for it is emphasized if the skin is continually cool and clammy, and if the chilliness is quickly aggravated by dampness. A patient in this condition presents us with what Grauvogl designated a "hydrogenoid constitution," or condition, and this is his specific indication for tela. We ought, then, to regard the phrases, "cool, clammy skin," and "hydrogenoid condition" as synonymous in their meaning, in this connection, both being specific indications for tela.

The homeopaths have given Grauvogl rather scant praise for

his development of an important place for this remedy, because he "evolved it from his inner consciousness," instead of relying wholly upon provings. Nevertheless, they have adopted the clinical fact as a portion of their accepted therapeutics, and adapted their provings to it. It has been regularly warped into the woof of *similia similibus curantur*. Our homeopathic friends are nothing if not shiftily. Most good things drift their way, but it somehow finally turns out that they obey the law of the "immortal Hahnemann." Schuessler came in for a basting by their leading writers, when he declared his Tissue Remedy doctrine, and he was read out of the school for such heresy, wherewith he was quick to reply that his doctrine was not homeopathy, but a philosophical exposition of therapeutic facts. And now, in modern time, he has been taken bodily into camp, and his work has been rendered "homeopathically," by various revisers. Strange to relate, though it was an Eclectic work in the beginning, most Eclectics still repudiate Schuessler.

As an illustration of what is meant by the application of tela to the "hydrogenoid condition" by Grauvogl, one of his cases may be related. A chronic inflammation of the heel, in an old man—probably due to involvement of the periosteum of the os calcis—resulted in abscess, and later on in a sloughing ulcer. The ulcer was very painful, and arnica was given to relieve the pains, but without much effect. The ulcer continued to deepen, and resort was had, alternately, to silica and calcarea carb., but aggravation still persisted. The patient was constantly chilly, and the pains increased and decreased periodically. Aranea was administered, and improvement speedily followed.

To Grauvogl must be credited this specific adaptation of tela. Though reckoned a sort of go-as-you-please homeopath in Europe, where Eclectics were not organized, it is presumable that if we needed him to strengthen our cause we might fairly claim him. But let the homeopath have him, we can get along; for it is by right of our tenets that we accept good from every source. This is our especial heritage, alone of all the schools.

Do we understand the *modus operandi* by which tela corrects this clammy chilliness, this hydrogenoid condition, with its accompanying complaint? Well, hardly. Would it be profitable to speculate upon the matter? Possibly. Does tela operate through the vasomotor centers, either by relaxing the arterioles or by vivifying the capillaries, and thus improve conditions by imparting a sensation of agreeable general warmth to the hitherto clammy, chilly patient? It acts gradually, so the effects are not to be expected in a minute

after administration. A few days of its use however will suffice to produce results. "If at first you don't succeed, try, try again." Or, in the words of the immortal Davy Crockett, "Be sure you're right, then go ahead."

Evidence exists that tela is a marked neurotic, and that it can hardly be directed exclusively to the vasomotor centers. It is accredited with curing dry spasmodic cough simulating pertussis, and sometimes asthmatic cough; of relieving climacteric flushes, and hot flushes in both sexes, followed by clammy sweat. Twitching of the facial muscles, formication, numbness of the extremities, hyperesthesia and insomnia, sexual irritability and nocturnal orgasm, cardiac palpitation with angina, and headaches, all come under its curative influence, when accompanied by the hydrogenoid condition of Grauvogl; especially if periodicity be manifest, and the subject be inclined to neurasthenia.

To more forcibly illustrate the place for tela, I will quote Dr. O. S. Laws, a staunch Eclectic of Los Angeles.

"There are many cases which need simply that and nothing more. I treat many charity cases, and use them—in a lawful way, of course—for my experiments with single remedies. One of that class, in 1894, came under my care for sundry ailments of the sexual organs, but the most annoying symptom she complained of was chilliness, and 'cold, clammy sweat,' as she termed it. She was constantly going about, but could not get on wraps enough to prevent the chilliness.

"From what I had read in Dynamical Therapeutics concerning tela, and from my own use of it in a variety of cases, I prescribed it for her: I put dr. i to oz. iv of water, and she took one teaspoonful of the dilution four times a day. Relief began in a few days, and before the second bottle was gone, no extra wraps were needed, and she was benefited in other ways. She has not complained of the chilliness since.

"I use tela—specific medicine, of course—in all cases where numbness is complained of, and the results are so prompt and surprising that it seems like fiction to speak of them."

Dr. Pierce thus sums up the indications for this remedy: "Masked periodical diseases, in hectic broken down patients. In all diseases that come up suddenly, with cool, clammy skin and perspiration and cold extremities; in nocturnal orgasm in either sex. Numbness of the extremities, when sitting still or lying down. It relieves spasm of the arterioles, and stimulates capillary circulation. It relieves hyperesthesia of the cerebro-spinal nerves and the great

sympathetic that depends upon debility. It is the greatest heart stimulant in the materia medica, and lobelia is only second to it."

*Resume:* Tela is specifically indicated in debilitated subjects of neurotic tendency, with cool clammy skin, protracted sensation of chilliness, with or without nervous complication, especially where periodicity is in evidence. Given when the key note, *chilliness*, long continued, is present, it is liable to remove accompanying neurotic complications, at the same time that it corrects the faulty condition of the circulation.

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### ARTHRITIS DEFORMANS.

By W. B. Church, M. D., Cincinnati, O.

Although not a common malady, one or two marked cases are frequently seen in nearly every community; also several mild cases which attract little attention. Whether slight or severe, arthritis is always considered and treated as rheumatism. No disease name is more often on the tongues of the people than that of rheumatism. It serves to satisfy a very general desire of both men and women to be able to name their ailments. Nothing is more disconcerting to the sick and their friends than not to be able to tell what ails them. Until this is settled they are all at sea as regards treatment; but as soon as the disease is classified numerous remedies are immediately suggested by the name.

Much of the uncertainty and unreliability attending treatment is due, not to the inefficacy of medicines so much, but to inaccurate diagnoses.

The gain would be great in every way, if the term rheumatism could be restricted to its legitimate field, instead of being applied indiscriminately to neuralgia, neuritis, tuberculosis, osteomyelitis, and arthritis. One result of such snap diagnosis has been to induce in the popular mind a belief that rheumatism is a disease very difficult, and often impossible to cure. Consequently many, afflicted with it, hesitate to call a doctor, continue to suffer, with only such relief as they can obtain by the use of domestic remedies. On the other hand, many victims of arthritis, under the delusion of rheumatism, often persist for years in unavailing antirheumatic treatment, including, usually, such popular infallible agencies as mud baths, hot air, vibration, and a long list of famous mineral waters, domestic and foreign, the composition of which is attested in each case by expert "analytical and consulting chemists." Finally, accepting with as much composure as possible the sad fact that they have incurable

rheumatism, they abandon further effort, and try to make the best of an unhappy fate.

It is hard to arouse such cases to renewed hope and courage; they will tell you they have tried everything, and nothing has done any good. This attitude is strengthened too, when told, as it is necessary to tell them, that they are suffering from a very chronic disease that has a progressive tendency, and that possibly all that can be done is, by months or may be years of persistent treatment, to arrest its further progress, and modify its effects. If, after such candid statements of the nature of the malady, and the limitations of treatment, you are permitted to undertake the case, the results will often far exceed your expectations. These are not cases to be put off with office prescriptions, and routine treatment. Inasmuch as the etiology is not established, causal treatment is not practicable, but it will be seen that the pathology and morbid anatomy give the clue to the necessary steps in the work of restoration. Whether induced by microbes or not, the trophic lesions are manifest. The smaller joints of the extremities are specially involved. The metacarpo-phalangeal joints are usually first affected; the onset is insidious; tenderness, redness and swelling are present; only painful on motion. A degree of stiffness is apparent in the morning which wears away with use. This is more complained of when the larger joints are affected. Such patients are thought to be stiffened with rheumatism; but when "limbered up" by exercise can get about better. They are encouraged to such exercise by the conviction that they are laible to lose the use of their limbs if they do not persevere. There are frequently long periods of acquiescence, during which only a certain amount of stiffness and clumsiness remain, which are apt to be charged to the encroachments of age. It may be, in mild cases, that nothing more serious than this gradually increasing disability, with more or less knobbiness and deformity of the fingers and toes, will develop. The situation seeming to be sufficiently indicated by the terms rheumatism and rheumatic. In many cases, however, peculiar changes take place which never occur as the result of rheumatism. Many joints are implicated. The alterations, evidently trophic in their nature, have been thought by some to be due to mechanical pressure on nerve trunks; by others to ptomaines circulating in the blood, and by still others explained as a neurosis, implying affection of the spinal cord. The true etiology is a moot question. The pathology, however, has been carefully studied. The changes begin in the articular cartilage, the cells increase in number, while the matrix degenerates and undergoes absorption, until the



bone ends are entirely denuded so that grating or crepitus is easily elicited. From the bared bone ends, and the fringe of periosteum proliferation of bone cells occurs, forming exostoses and osteophytes in the lateral borders and some times circularly around the fingers. At the same time the effect of the disease is such as to cause atrophy with absorption of the spongiosa, and obliteration of spaces and lacunae. As the nutrient vessels lie in the lacunae, this cuts off the blood supply. The capsule and tendons soften and relax, but some become fibrous and contract; so what with the atrophy and relaxation of the joints, and masses of bone callus, combined with irregular contraction of tendons, characteristic deformity is produced by deviations and luxations. The phalanges are extended and flexed on the hand, and drawn sharply toward the ulnar border; voluntary motion is greatly impaired. Often the thumb alone retains mobility. In writing, pen or pencil, and in needle work, the needle is grasped between the thumb and the head of the metacarpal bone of the index-finger. This is the sole resource for grasping all utensils, or using handkerchief or napkin. No urates or chalky deposits are found in arthritic joints. The feet generally become affected later, first appearing in the joint of the great toe which is enlarged, inflamed and tender; bunions are sure to complicate these cases, from shoe pressure, becoming exquisitely painful. The other metatarso-phalangeal joints gradually show effects of the disease and luxations and deviations outward, as in the hand, take place.

Fortunate are the cases which remain stationary at this stage. In extreme cases all the joints are at length involved, but not continuously or rapidly. Acute exacerbations are followed by periods of quiescence more or less prolonged. Even the vertebral joints as well as the wrist, elbow, shoulder, hip, knee and ankle, may be brought under the morbid process, causing such extreme distortion and deformity as to render the victim a complete cripple. However, as mentality is unimpaired, energetic individuals often contrive by the help of crutches, and wheel chairs, to continue a desperate struggle to transact their business, long after power of voluntary motion is in great degree lost.

Mr. G., a lawyer of good ability was for years a familiar figure in the courts of Calhoun County, Michigan. He began the practice of his profession as an erect, active young man of good address. A prolonged siege of so-called rheumatism wrought the changes we are trying to depict, in spite of medical attendance of which there was no lack. The body was strongly flexed forward and laterally into a rigidly fixed spiral curve, the cervical vertebrae were included

so that he could not raise or extend his head. Anchylosis of hip and knee joints, in a flexed position, completed the deplorable aspect. Handicapped as he was he would swing his rigidly distorted body between his crutches, alighting on the toes of one stiffened foot until he reached office or courtroom, and, with little assistance,, manage to secure position in a wheel chair, so arranged as to place him in a partially reclining attitude. He supported himself and family, was a success in his profession, acquired a competence, and won the respect and admiration of all by his indomitable will and energy. Eventually he had to be lifted from chair to bed, and at last was unable without assistance to turn himself in bed.

The interesting question for us at this point is, could the disease have been arrested or its course greatly modified by any treatment? The same question applies to many cripples seen in all our large cities, trying to eke out subsistence by peddling, selling papers, etc., etc. As an effort to answer this question, reports are herewith submitted of cases of all degrees of severity. Such mild cases as were arrested in the early stages, when only the joints of the hands were affected, will not be accepted as of much significance, as it will be claimed they might have subsided spontaneously, or remained permanently quiescent if not treated. The contention is not admitted, but, this point aside, a case is available of the most aggravated kind which had progressed to absolute helplessness.

Mrs. S., a Hebrew lady of San Francisco, Cal., was referred to the writer in 1892, by the late Prof. M. H. Logan, then in active practice in that city. She was bed ridden, hands and feet distorted, as above described, to the most extreme degree, knee joints swollen, inflamed, painful and firmly ankylosed, in a flexed position; the hip joints were also locked, and she complained of severe pain in the back, and along the sciatic nerves. Temperature was from one to two degrees above normal, and the prolonged suffering, and sombre outlook had made her hypochondriacal and irritable. She was unable to dress or even feed herself, was constantly attended by a faithful and competent nurse.

Treatment was begun with galvanism, and general massage applied twice a day, assisting the nurse myself. The electrical applications were continued 15 minutes, and massage an hour. By the end of the first month there was decided improvement in all respects; pain was relieved, natural sleep secured, and an equal and very agreeable change in spirits and disposition.

We now decided to do, what we were warned against attempting, in more than one medical journal, viz., give an anaesthetic, and

forcibly break up the existing anchyloses. It proved more difficult than expected, great force was required, and only by splints and bandaging could recurrence of flexion and deformity be prevented. Considerable inflammatory reaction followed, but soon we were able to remove the splints for the massage treatment, and galvanism, which were continued as before, with daily passive and active motion. Steady improvement of the general health, with a substantial gain in flesh and strength followed, and in six months she was again on her feet; and able to walk several blocks. The gain made was permanent. Internally, iron, arsenic, and strychnia were given with evident benefit.

A single case is submitted of a far less formidable and forbidding character. Mrs. L., resident of Cincinnati, had suffered from debility, lameness, and pain, supposed to be rheumatism, for over two years. Had been treated by various physicans, ending with a trial of the baths at Mt. Clemens, Mich., where they promised a cure in three weeks. Steadily growing worse, especially failing in strength and endurance, she applied to me for counsel. The opinion given her was that her troubles were not due to rheumatism, and that the antirheumatic diet upon which she had been placed was not merely unnecessary, but prejudicial to her recovery. The joints of both hands were enlarged, painful, and tender; in several the cartilage was destroyed, so that motion caused grating; exostoses were present causing deviation toward the ulnar side of the distal phalanx of both middle fingers. Pain existed in the back and along the right sciatic nerve. She was easily exhausted by efforts which would have hardly sufficed for exercise in health.

She was told that although complete cure might be doubtful, if she was prepared to undertake a course of treatment that must extend over many months we could safely promise to arrest further progress of the disease, and greatly improve her health and strength. She proved an excellent patient, faithful to instructions, and promptly gave evidence of improvement. The sciatic and other pain yielded to galvanism; the joints soon lost sensitiveness and pain; and there is evidence that some of the degenerated cartilaginous structures are being renewed. It is evident the disease had just entered upon a stage of active extension that would have produced disastrous results if neglected. Other cases might be cited, but it would only be a repetition. My object is attained if I have thrown some light on the nature of this disease, and have established its amenability to treatment.

## OPERATIONS PREPARATORY TO DELIVERY.\*

By A. F. Green, M. D., Cleveland, O.

My paper might properly cover three distinct subjects, viz.: the preparation of the parturient canal for delivery; the correction of faulty posture, positions, and presentations; and the mutilation of the foetus to effect its removal. I will, however, limit it to the first subject only, as the second one will be included in the paper on "Pathology of Labor," and the third should be covered by a separate paper on "Embryotomy in General."

In normal labor the artificial rupture of the membranes, when the womb is sufficiently dilated, is about the only preliminary procedure that is necessary.

But in those cases of pregnancy where vomiting is excessive and persistent, where there is inflammation of the kidneys with convulsions, advanced disease of the lungs or heart, severe progressive anaemia, insanity, chorea, or where there are local troubles such as irreducible uterine displacements, pelvic contraction making the true conjugate diameter two inches or less, obstruction of the genital canal by tumors or scar tissue, hemorrhage from placenta praevia or partial separation of the placenta, or cystic disease of the placental membranes, excessive amniotic fluid, or death of the foetus followed by hemorrhage and sepsis, *the artificial induction of labor is necessary.*

Before the end of the third month, when the ovum usually comes away as a unit, it is called *early abortion*; between the end of the third and the beginning of the seventh months, when the three stages of labor are quite distinct, it is called *late abortion*; after the beginning of the seventh month it is called *premature labor*.

The safest and best methods of inducing abortion or premature labor should next be considered.

There are two methods advised by specialists for *early abortion*—i. e., abortion during the first third of gestation—the *rapid method* and the *slow method*.

By the *rapid method* the patient is placed upon a table and anesthetized, the external genitals and vagina are antiseptically cleansed, the anterior lip of the cervix grasped by a volsella forceps, the cervix dilated by Hegar's or other dilators until it will admit the finger. Pass the finger through the cervix and detach the ovum from the uterine wall, and with the other hand grasp the uterus through the abdominal wall and force it downward in the axis of the inferior

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\* Read before the North-Eastern Ohio Eclectic Medical Association;

strait. If possible, express the ovum from the womb without rupturing it. If this can not be done, it must be taken piecemeal. After either procedure the uterus should be carefully and thoroughly curetted with a sharp curette, washed out with normal saline solution, and packed with iodoform gauze.

The *slow method* is similar to the rapid one up to the point of uterine dilatation; then, instead of manual expression, the womb is moderately packed with iodoform gauze, the vagina also, and a T bandage applied. The ovum is usually expelled into the vagina within twenty-four hours after this tamponade. After the expulsion, the uterus should be curetted as in the former case.

The method for *late abortion*—during the middle third of gestation—consists in gently inserting a medium-sized bougie into the womb, nearly to its base, along the line of least resistance, followed by intrauterine and vaginal packing—all to be done under strict aseptic conditions. (It should be remembered that forcible dilatation of the uterus after the third month is dangerous, as the uterus might then be easily ruptured). In this stage—*i. e.*, after the third month—the placenta should be removed by the fingers; the membranes, however, should be removed by the curette.

The *induction of premature labor*—during the last third of gestation—is performed practically by the same method as has been mentioned for the second third of gestation, except in cases of emergency—eclampsia or placenta praevia—when the hydrostatic bag may be used to expedite dilatation. In premature labor the membranes should not be ruptured until there is full dilatation of the os uteri; neither should labor be allowed to drag too long thereafter, lest the vitality of the premature child be exhausted; but aid should be given promptly by external pressure, or by the forceps, or by both.

Before inducing premature labor, or abortion, consultation should be held for the purpose of protecting the life of the mother, and offspring, too, when possible, also the reputation of the physician in charge.

In addition to the artificial dilatation of the cervix for the induction of abortion, or premature delivery, artificial dilatation sometimes becomes necessary and urgent at the close, or near the close, of the pregnant period. Conditions calling for interference of this kind are: placenta praevia, eclampsia, faulty presentation and positions, prolapse of the cord, delayed first stage, cervical rigidity, uterine inertia, and in cases of sudden death of the mother where conditions will admit of post-mortem delivery within a few minutes.

To perform artificial dilatation with safety, certain rules must

be followed, the disregard of which might easily result in rupture of the uterus and death of the mother.

To cover the situation clearly, I will suppose that we have before us a case where pregnancy should be terminated and where the os is not dilated in the least, and is also rigid. The first step of our procedure is complete asepsis—maternal parts, instruments, hands, etc. The second step is to pack the os uteri to the point of moderate resistance with iodoform gauze, using the canula packer if convenient. The vagina should likewise be packed and a T bandage applied. This packing should be left from six to twelve hours, during which time it will be found that the tissues have softened, that the internal os has nearly or completely disappeared, that the cervix has become effaced, and that the uterus is in a condition to be dilated artificially with comparative safety. The third step is to continue the dilatation, already begun, by means of the fingers. At first the fingers of but one hand; later, the fingers of both hands. The fingers of the opposite hands should make gentle and steady pressure outward and downward, thus imitating nature. The pressure by the fingers should take the form of eccentric massage, being exerted at first antero-posteriorly, next, laterally, then obliquely, so that all parts of the cervical ring shall receive like attention. This process of manual dilatation should continue until the os is fully dilated and relaxed, or temporarily paralyzed, after which extraction of the child should be performed immediately, since the cervix is likely to recontract. When bimanual dilatation is begun, the patient should be in the lithotomy position on a table, or couch, or across the bed, so that no time be lost when the case is ready for the forceps.

After the preliminary softening and dilatation by the gauze tamponade, complete dilatation can often be accomplished by the fingers with safety within an hour.

In cases of placenta prævia, with profuse hemorrhage, the large size hydrostatic bag of Champetier de Ribes had better be used instead of the fingers.

At this point I wish again to say a word of warning against rapid dilatation of the os by steel or hard dilators instead of the gauze pack, followed by the fingers or hydrostatic bag. The undilated, rigid os, after the third month of pregnancy, can easily be torn by steel dilators; and what more appalling vision could confront the obstetrician than that of the small intestines slipping between the fingers though the vagina into the open world?

*Artificial dilatation of the vagina and vulva* becomes necessary sometimes where there is undue narrowing of the passage by a pelvic

thrombus, cancer, or other pelvic tumor; or when cicatrices from previous inflammation and ulceration have narrowed the channel; or, lastly, and most frequently, when the passage is very small, because the patient is a primipara too young or too old for easy child-bearing. The hydrostatic bag may be used, but skillful fingers are usually the best agents of all. When dilatation of the vagina and vulva have reached a sufficient degree for the application of the forceps, further dilatation can often safely be accomplished by careful and slow extraction of the child. But in those cases where severe laceration is unavoidable, or where rapid delivery is imperative, surgical incision of the perineum (which will be considered a little later) is to be recommended.

One more procedure may be mentioned by which to expedite the opening of the parturient canal for delivery, and that is by *superficial multiple incisions*. In cases where the internal os still remains rigid and inelastic after all ordinary means for dilatation have been employed, eight or ten superficial incisions, or nicks, not more than one-eighth of an inch in depth, can be made in the stretched cervical rim at equidistant points, as nearly as possible. Dilatation sometimes occurs with surprising rapidity after this operation. Care should be taken that such incisions are really superficial (not more than one-eighth of an inch), because, if carried farther, they are likely to extend, and might end in disastrous laceration of the lower uterine segment.

In case of sudden death of the mother during labor, the incisions may be made deep and bold, as there is then no other consideration than the immediate delivery of the child.

Incision of the vulva, called *episiotomy*, consists in a lateral incision in the vulva in order to avoid laceration of the perineum, when delivery without severe perineal laceration is regarded as impossible. The incision should be made in the oblique direction at a point at about one-third the distance from the posterior to the anterior commissure, when the parts are on the stretch. In this location the only parts severed are the skin, fascia and possibly a little of the bulbo-cavernosus muscle. Incision on the right side is preferable to that of the left, as the patient can then lie on the right side without the feeling of traction on the sutures that hold the wound together. This is rather a favorite operation of mine, as the wound from the incision is straight and true, and can easily be coapted; while the spontaneous laceration is likely to be irregular and ragged. This operation also insures against laceration through the perineum and anal muscle into the rectum. A woman with a small mouth is also likely

to have a small vulvo-vaginal orifice; hence, with this observation in mind, one can easily be prepared for the operation of episiotomy.

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### **TYPHOID FEVER—DIAGNOSIS AND PROGNOSIS.\***

**By J. P. Harvill, M. D., Nashville, Tenn.**

That it is often difficult to diagnose a case of typhoid fever every physician who has had experience will admit. The peculiar temperature curve, rose rash and enlarged spleen form a group of symptoms that are usually relied upon by most diagnosticians. It is best for the physician not to make a positive statement of the existence of typhoid fever until the disease has progressed far enough to present such a galaxy of symptoms that will warrant such a diagnosis. Moreover, any continued fever should be adjudged a possible typhoid until the assumption can be disproved by its course and evolution of its symptoms.

It has never been my good fortune to positively identify the disease under the first week or ten days. Typhoid fever, like the mocking bird, is an imitation of many diseases, and many diseases imitate typhoid fever. Those diseases simulated by typhoid fever are simple continued fever, sporadic cerebro spinal meningitis and malaria. Those diseases simulating typhoid are acute, miliary tuberculosis, pyaemia, tuberculosis peritonitis, appendicitis, ulcerative endocarditis, right salpingitis, catarrhal enteritis, pneumonia, epidemic influenza, uremia, typhus fever and relapsing fever. It is often very difficult to exclude the possibility of typhoid fever from any one of the above named diseases.

Simple continued fever, from gastric or intestinal origin, lasting seven or eight days, can be diagnosed from typhoid by the absence of the roseola and the disappearance of fever at the end of the first week. Acute miliary tuberculosis often presents a very strong resemblance to typhoid. But the irregular fever, the rapid respiration and pulse will aid us in determining the disease.

The close observer should seldom mistake tuberculous peritonitis, salpingitis and catarrhal enteritis for typhoid fever, where a careful local examination is made. Appendicitis may simulate enteric fever, but its sudden onset, without the usual prodromal symptoms, and a careful local examination will usually place us right. The recurrent chill and irregular fever and endocardial murmur will assist in making the diagnosis in ulcerative endocarditis.

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\* Read before the Tennessee Eclectic Medical Association.



In subacute or chronic uremia, a close examination of the urine, the nonappearance of the rose spots, will usually clear up the situation. The meninges may be attacked by the infection and simulate sporadic cerebro-spinal meningitis, presenting headache, delirium photophobia, cervical retraction and muscular rigidity.

In the same way the infection may invade the lungs or a general infection may present a picture very much resembling profound septicæmia. The various manifestations of the disease are so numerous that we can not hope to present anything like a complete study of the diagnosis in a treatise like this.

If I were to present to you what I conceive to be a typical picture of the disease, it would be about as follows: The patient complained that he had felt listless, bad headache, loss of appetite, drowsy and very much exhausted, which symptoms had gradually increased in severity for one, two or three weeks, and he takes his bed because he can go no longer. He had hemorrhage from nose from day to day and bad taste in mouth.

The step-ladder now begins—evening, elevation; morning, remission. There is tenderness and gurgling in the right iliac region, enlargement of spleen, diarrhea. On the sixth or eighth day the rash appears on some part of the body. Patient becomes very nervous, tongue assumes an elongated appearance, slightly red about the edges, with dirty brown coating, with dryness in center and sordes.

There are a great many physicians who depend wholly on the Widal test. I do not believe it possesses so much diagnostic value. As to prognosis, I think we should weigh each case carefully and be guarded in our prognosis where severe symptoms appear early. I believe that under Eclectic treatment we should lose no more than four or five per cent.

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### THE PRE-INCIPIENCY OF UTERINE CANCER.\*

By **Auguste Rhu, M. D., Marion, O.**

Doctors, unaccustomed as I am in speaking before audiences, but little can be expected from me in the accomplishment of a possible oratorical display; my work is in the active ranks of medicine and surgery; to meet with doctors is my chief delight; the immortal Goethe, in his dying moments, suddenly awoke and called "Mehr licht, mehr licht" (more light), which finds entire accord within my inner conscience. I am sure the average country practitioner is e'en

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\* Read before the North-Eastern Ohio Eclectic Medical Association;

too glad to gain more light, more knowledge, to meet and counsel together how best we can serve a suffering humanity, our common aim.

Surgeons are often accused of having recourse to the knife in the treatment of cancer, when less drastic measures might prove equally effectual. This is not true of the real surgeon, for every true physician and surgeon, regardless of school, looks anxiously forward to the time when all surgical treatment of cancer will disappear, and ultimately may be controlled, and even cured by the proper medicinal remedial agents. While we are seeking for something better than the knife, we still have the best statistics and successful results by way of rational surgery.

You are familiar with the scores of cancer cures, relegated to the refuse pile. The X-ray, radium, serum therapy, adrenaline, bacteriatherapy, the numerous caustic cancer pastes, liquid air, iridium, and at last trypsin, probably the newest remedial agent. All these have been employed with variable success; some of these have been accorded a proper place among remedial agencies, but practically nothing is left us but rational surgical procedure—surgery, the one bright, particular star of hope in the firmament of medicine. While we are still confronted as surgeons with a few failures and occasional recurrences, how prominently they stand out in bold relief, how readily we, as a profession, join with the laity to magnify one failure, and fail to recognize the hundreds of successes which modern surgery so surely and safely accomplishes hourly. For one life lost a hundred may be saved.

Curiously enough, the study of uterine invasion, by carcinoma, as well as the proper recognition of this pathologic condition, is still a much neglected one, for 60 per cent. of all cases come to us without a diagnosis, or come when the patient is beyond operative treatment. Anywhere from 30 to 50 per cent. of glandular involvement is met with in most operable cases. An enlarged gland is not necessarily a cancerous one; a small one may be so; hence the removal of all glands, whether large or small, is a proper procedure, regardless whether or not we have the presence of metastasis. The one essential thing to do is to learn to recognize uterine cancer in the pre-incipient stage. The routine examination of uterine scraping, obtained by curetting and repeatedly made, will soon prove the case, and enable us to exclude simple or senile endo-metritis, and thus lead us to recognize early this grave malady.

Important as it is to make a diagnosis early in a general way, it is not necessarily essential to differentiate between a cervical cancer and one of the fundus; that, however, is not a matter of much difficulty to the gynecologist. In the beginning, cancer of the cervix uteri is

generally accompanied with more profuse hemorrhage; so far as we know the cervical carcinoma is the one usually met with. But the proper recognition of cancer of the body of the uterus is generally more frequent than is usually supposed. Tesson found it to be one to four in ten cases. Most authorities give the statistical proportions as being one to fifty. Pozzi, in 214 cases of uterine cancer, found only six in which the body of the uterus was affected. Dr. Hunter Robb found six cases of the body of the uterus in forty-two cases. As said before, we seldom meet with cancer of the uterus in the pre-incipient stages, although the condition may have been present for a considerable time. Hemorrhage in cases of the fundus comes on late, because the number of blood vessels are fewer than that found in the cervical growths; also because the diseased tissue is better protected from external injury. Since there are no pathognomonic symptoms specifically pointing to uterine carcinoma, it is of prime importance to consider, first, the age of the patient—usually beginning in women between 45 and 60 years of age, with a history of delayed menopause, usually irregular, bloody discharges and watery leakages between the periods; or, if the menopause has been passed, watery and bloody discharges at stated irregular periods first noticeable on the linen; also we usually find a family history of cancer. As a rule we find the reflexes of the menopause exaggerated, the patient pale and anemic, and at times having a cachectic appearance, with a frequency of the lymphatic type predominating, the panniculus adiposus excessively developed, etc.

As already referred to, a curettage in the pre-incipient stages will not only control hemorrhage, but help to clear up an obscure diagnosis. "I can not emphasize too strongly concerning the danger of negligence of a vaginal discharge after the change of life," one of our great surgeons said. "Take care of your generative organs as you would of your teeth and mouth." Instruct your clientele to come early for advice in such matters; instruct them and point out the danger of cervical tears, and e'en the rupture of the perineum as the strongly exciting causes in the production of cancer. It is probably correct when I say that the virgin womb is more affected with cancer of the fundus, and only occurs in one to fifty cases. Primary cancer of the body, therefore, belongs, and is found usually in virgin women of advanced age or in married ladies who have never borne children. Notice how frequently cancer occurs in cases having perineal, and especially cervical tears, that were neglected, never repaired. In fact, American plastic surgery, so glorious in its past achievements, as taught and practised by the great Simms, Emmett,

Jos. Price, etc., has almost become a forgotten art, and that, too, with an appreciable accompaniment of increase in cervical cancer. My advice is, look well after these tears and have them repaired, as the first and chiefest prophylactic you can commend to your patient. As a probable exciting cause in corporeal carcinoma, and of cancer in general, is the constitutional consideration, and must not be overlooked; mental worry, anxiety, etc., at the susceptible age, need your advice more than your material remedies. Why do we persist in not administering to a mind diseased? Why allow them to be turned into the channel of mental pseudo-scientists, etc.? I am sure you will pardon an allusion to this psychic side, but, doctors, think it over.

As already said, the type of carcinoma of the cervix differs from the one found in the fundus. In the former (cervix) the squamous epithelium, known to us as cauliflower excrescences, is here met with, while the body of the uterus is invaded by the adeno-carcinomatous variety, and known to us as soft cancer, which breaks down easily, is more difficult to diagnose, and needs a more thorough study of the products obtained by curettage, and that, too, of more than one or two efforts. When you recall that an adenoma of the uterus is at first simply an increase in the number of glands, to be followed by a proliferation of cells and an increase in the size of these uterine glands; that lastly a rupturing and breaking down of the basement membrane of the gland itself takes place, becoming cancerous at this particular moment of rupture; that microscopic findings show a piling up of three or more layers of cells one upon another in these glands, then it is safe to tell your patients they have cancer, and you have just warrant to tell your patient to have her uterus removed; ay, should be the only procedure thought of. In your curettage examine the scrapings or have them examined, and do so repeatedly, and when recognized your diagnosis is easily one of cancer. Then only is surgical treatment successful as a rule, hence pardon me in again calling your attention to a curettage and an examination of the scrapings as very essential, and not to be treated lightly.

The squamous-celled carcinoma of the cervix is found in fertile women, almost constantly arising from rupture and the resultant cicatricial tissue. A curettage will prove the differential diagnosis between malignancy and that of acute, simple or senile endometritis; and always remember in the pre-incipient stages of carcinoma, a curettage and examination of the scrapings may yet *prove negative at times*; and when the size of the uterus measures only  $3\frac{1}{2}$  inches in depth, it would be very dangerous, in the face of a history such as *watery, bloody, irritating and muco-purulent discharges*, not to be on your guard, and insist upon the further study and repeated curet-

tings, until a diagnosis is made reasonably positive, and in this way save your patient.

Infection spreads through the glandular and lymphatic system and quickly becomes constitutional, and when the disease has once metastasized, the case is nearly hopeless. In the body of the uterus the lymphatics reach through the mucous membrane to the muscular wall of the uterus, hence little danger to become constitutional through this mode, which, however, is an easy route when the lymphatics of the cervical portion are invaded, resulting in quick destruction while the infection, spreading through the uterine wall, is of a much slower process of destruction.

It is only by the use of the microscope that we can exclude carcinoma of the perimetrium or pelvic lymphatics; that much I hope is made clear to all within my hearing.

In conclusion, I desire to say a few words concerning the anatomic forms as found in the cervical portion of the uterus. Cancer arising from the vaginal side of the cervix, where we find the squamous celled carcinoma, the one most frequent, and according to the morphology of the *malignant growth*, may be found to be either *everting*, *i. e.*, vegetating; or *inverting*, *i. e.*, infiltrating; *medullary* or scirrhus. I have already mentioned the cylindrical cells, *i. e.*, adeno-carcinoma, found in the body of the uterus, which are less frequently met with. More malignant and presenting the greatest difficulties so far as a positive diagnosis is concerned, in point of diagnosis it is also true that the cervical carcinoma beginning within the canal is more difficult to diagnose than the one beginning in the vaginal portion; also that the infiltrating or inverting type of growth is more frequent than the everting or vegetation type; also more malignant, and, unfortunately, the proper recognition very difficult.

In my practice I operate early, as soon as a diagnosis is made, if the uterus is freely movable, the patient's physical condition approaching the normal line, success is assured. The so-called "border line" cases with fixed uterus, with distinct evidence of metastatic invasion, and with a tendency to procrastinate, which is a not infrequent one, are nearly all fatal. If there is extensive involvement of the lymphatics, no operation of any kind is likely to prove successful, but if the case comes to us in the pre-incipient stage, the removal of the cancer is a facile matter, and the death rate less than one-half of one per cent. in my practice.

#### SUMMARY.

1. Unquestionably the surgical treatment of cancer is the only rational and successful procedure known to us, hence, call in the surgeon early.

2. Learn to recognize cancer in the pre-incipient stage, when, by proper surgical treatment, the rule is (brilliantly curable) from 90 to 95 per cent.

3. The general practitioner should consult the surgeon as soon as there is the slightest suspicion of cancer evident, and not wait until metastasis and glandular involvement is established, or e'en wait till a cancerous expression is stamped upon your patient's complexion, thus avoiding in a measure more errors of commission and omission, so readily committed.

4. Since a very large quota of cancer is so intimately connected with cervical and perineal laceration, it behooves us, as a profession, upon calm reflection and candid review before our inner conscience, to advise the proper surgical repair of such pathology, and by such means materially aid in reducing the fatalities of uterine cancer.

5. Palliative curettage should be advised early, the uterine scrapings sent to a competent pathologist for careful study, for, after all, the cause of cancer is absolutely unknown, hence we must avail ourselves of proper guidance in such cases from our friend, the pathologist, who will ultimately discover the real cause of cancer, we hope, and until he discovers the cause we are dependent on him.

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### RADEMACHER'S ORGAN REMEDIES.

By A. A. Ramseyer, M. D., Salt Lake City, Utah.

[Continued from page 472.]

#### NUX VOMICA.

I have so long used this drug as a hepatic remedy, and so often found it efficacious, that I esteem it very highly to restore the diseased biliary ducts to their normal condition. We can think of two forms of bilious diseases: the one in which the flow of the secreted bile in the duodenum is impeded, and the other, the opposite condition, excessive secretion and flow of the bile in the intestinal canal. The first condition presents itself to the physician as jaundice, the other as bilious fever, bilious colic, vomiting, diarrhea, etc. (because the increased secretion generally causes at the same time a chemical alteration of the bile). These two conditions can very well be distinguished from each other in their extremes, but not so well where they merge together in imperceptible shades. It is good, therefore, that we have in *Nux Vomica* a remedy which suits both conditions. *Nux Vomica* has done me excellent service from 1816 to 1819, when bilious fevers were prevalent here.

But I will here remark that I treated these fevers in their first stormy period, which undoubtedly proceeds from the irritation of

chemically ascertainable acrid matters upon the intestinal canal, by neutralizing them, instead of using emetics and laxatives. On account of the spontaneous vomiting (which is not rare in these fevers), I often have had occasion to satisfy myself from the statements of the patients and with chemical reagents that the substances present in the intestinal canal were really of a sour nature. Why then plague the patient with emetics, when he perhaps has gallstones or hidden tumors of the liver or of the spleen, which may disturb the course of the whole disease, prolong it, and set the life in danger? The stomach may be ever so full of sour substances, this acid can be neutralized just as easily in the stomach as in a glass; yea, if necessary, the acid in the stomach can be more quickly neutralized than evacuated by means of the tartrate of antimony or the ipecacuanha.

But the reader must well consider that the alkalies not only neutralize the acid which is present, but act too upon the biliary ducts, allaying their pathologically increased action and diminishing the excessive secretion of bile depending upon that increased action; that is, insomuch as they act as alkalies upon the stomach, but not as far as they form neutral salts with the acid. Therefore, if the physician gives them alkalies in too small doses, he may indeed see a more or less beneficial effect, but not the real, true one. I give in twenty-four hours half an ounce of *natrum carbonicum*, dissolved in eight ounces of water, and add to this solution one scruple of tragacanth to cover the somewhat bad taste. Three such portions generally suffice to remove the bad taste, the fullness of the praecordia and the fever, when this depends alone upon the irritation of the acid upon the intestinal canal and upon the increased action of the biliary ducts.\* Of the *carbonate of ammonia* I give two drachms in the same mixture in twenty-four hours. I have used *magnesia* too, when the body was more disposed to constipation than to diarrhea. Half an ounce of burnt magnesia, shaken with eight ounces of water, is the most serviceable form. When the patient has used three portions of it, he is generally cured. The magnesia serves two purposes; namely, as it forms a laxative salt with the acid, it evacuates through the stool a portion of the acid that has not been neutralized. It is incredible to which degree of corrosive acrimony the intestinal acid can be raised. I have seen several times that after two or three liquid stools the anus was already sore and very painful, either from fissures between the folds of skin at the aperture of the rectum, or from small, clear, white vesicles, the size of a pinhead. The magnesia acts very differently according to the patients. Some are purged after the first half ounce, some when the second half ounce is almost used up.

It raises immediately a storm in some patients, whose intestines are perhaps very irritable and who have a large quantity of acid in their body; hence, when I fear such trouble, I prefer to give *natron* for the first twenty-four hours and *magnesia* the next day. It is strange that the burnt *magnesia*, before it purges, makes a noise in the belly, as if frogs were a-croaking there.

*Ammonium*, or *natron carbonicum* renders good service in the spontaneous diarrhea, which is not rare in the first stage of the bilious fever. Since both form no laxative salt with the acid of the intestines, they stop the diarrhea by neutralizing the acid, inasmuch as this is caused by the irritation of the acid. I know of no difference between the operation of the *ammonium*, *natron* and *magnesia* in the first stage of the bilious fevers, and I can not indicate any other advantages in their use than those I have already given.

Before I come to the use of the *nux vomica*, I must say one word. The followers of Stoll boast that they can sometimes, with one single emetic, jugulate and remove the bilious fevers. That is perfectly true. But with the neutralization method the physician has five chances to one (in regard to the evacuating method), that he can remove the fever in one single day. Now, when these fevers are removed, whether in one day, or what is oftener the case, in three or four days, either by evacuation or by neutralization, one thing is sure, the hepatic trouble was merely an increased action of the biliary ducts.

But it is only a small portion of the sick that are attacked so lightly in such epidemic fevers. The greatest portion of the patients suffer from an affection of the liver as well as of the biliary ducts. When the physician has diminished the pathologically increased action of the biliary ducts, prevented the production of fresh acid, and neutralized or evacuated the acid that is present, then it is as a remittent fever bordering on an intermittent that that hepatic affection itself appears (which very probably existed already with the increased action of the biliary ducts, but could not be recognized in the first stormy stage of the disease). The pathologic condition of the liver, upon which this fever depends cannot be removed either by evacuation nor by alkalies. Here the *nux vomica* performs all that can be desired. The tincture is much more preferable than the extract. From 1816 to 1819 the dose was fifteen drops five times a day.

This second period of the bilious fevers which seems to consist in a diminished rather than in an increased secretion of bile, requires some caution in the treatment of many patients. For after using for several days the tincture of *nux vomica*, though the fever goes down and



an unmistakable amelioration takes place, some patients all at once complain of bitter taste, fullness of the stomach, and increased discomfort immediately after swallowing the tincture. These signs show that a fresh quantity of bile has been emptied in the stomach. Alkalies must be given again; but now the physician must be cautious. As soon as the bad taste and the fullness of the stomach have been removed, the use of the alkali must immediately be left off. This time we have not (as in the first period) to neutralize a large quantity of acid substances, which filled the whole intestinal canal, but here the task is simply to render harmless a small portion of acid bile, which has subsequently been emptied into the duodenum probably by reason of the relaxation of the biliary ducts, or of the gall bladder. If we give more alkali than is necessary to neutralize the small portion of acid bile which is present, the surplus acts specifically upon the biliary ducts and diminishes their action. It would be folly to further diminish the action of the biliary ducts which has already been brought to their normal condition. Hence we must give alkalies in such doses that they can do no more than chemically act upon the acid. When thus given, they act beneficially, and from the progressing, rapid amelioration, which follows such a subsequent flow of bile, the physician can satisfy himself that this second flow of bile is quite a different thing than that of the first period.

The precaution which I here recommend in regard to the alkali is proper, too, for the jaundice, in all its grades. It is in the perfect form of jaundice that my attention has first been drawn to the property of alkalies to diminish the action of the biliary ducts. It happens sometimes in this disease, that after the free flow of the bile in the duodenum has been re-established by proper remedies, simultaneously with this favorable change, discomfort in the praecordia, and frequent eructations appear immediately after administering the remedy which had previously shown itself so beneficial. By administering soda these symptoms disappeared. But so soon as the remedy was used longer than was precisely necessary to remove these symptoms, I saw to my great chagrin that the action of the biliary ducts, which had hardly been brought back to their normal condition, began to decrease, the urine took a darker color and the stool became again gray. At first I ascribed this retrogression to casual circumstances which I did not know; but later, I found out that it was simply due to the excessive use of the soda.

[To be Continued.]

**HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.****By Harvey Wickes Felter, M. D., Cincinnati.**

[ Continued from page 476 ]

In January, 1888, notice was given that after 1890, the College term would be lengthened, so that three full courses of lectures would be required before the student could apply for graduation. Professor Edwin Freeman, whose long service in the practice of medicine and surgery, and distinguished service as a teacher of anatomy, had given him a commanding position in Eclecticism, was obliged to relinquish his chair in the Institute, and seek another clime. Never robust, and worn by incessant application to his work, and by recurring attacks of fever, he removed to California. In his stead, Dr. William E. Boyer, of Catawba, Ohio, an excellent practitioner, who had attracted considerable attention by his paper before the Ohio State Medical Association, on a "Gun-shot Wound of the Brain," and his knowledge of Cerebral Localization, was appointed to the chair of Anatomy, and time proved that the selection was a fortunate one. Professor Freeman was made Emeritus Professor of Anatomy, and Judge Fayette Smith, LL. D., who had recently been made President of the Board of Trustees, was elected Professor of Medical Jurisprudence. However, Professor Howe delivered most of the lectures of this department.

On August 15, 1888, the College and Alumni were saddened by the death from tuberculosis of Dr. Thomas C. Hannah, who for a long period had served as Demonstrator of Anatomy, and was Secretary of the Faculty. His place was filled by Eli Melvin McPherson, M. D., who also served in the session of 1889-90, as Lecturer on Ophthalmology and Otology, a newly-created position in the College.

During the year 1890, two new laboratories were added to the College—a chemical laboratory, and a physiological and histological laboratory. Dr. Lyman Watkins, of Blanchester, Ohio, was called to take charge of the latter, being made Professor of Histology and Microscopy. Professor King was now becoming feeble, and was relieved of a portion of his chair. Dr. Robert C. Wintermute, of Delaware, Ohio, where he had served two terms with distinction as coroner, and an Ex-President of the Ohio State Medical Society, was now made Professor of Gynecology and Diseases of Children, Professor King retaining Obstetrics only. The chair of Jurisprudence, which had been nominally filled by Judge Fayette Smith, was now given to Wm. L. Dickson, A. M., LL. D., a talented young member of the Cincinnati bar. Professor Dickson still satisfactorily fills this important position. Professor J. M. Scudder, who had now partially

recovered, was made Lecturer on Physical Diagnosis, besides nominally holding the chair of Practice. This year Professor Howe's "Operative Gynecology" appeared.

During the session of 1891-2, Professor King's health had so far failed that he was unable to resume his lectures, and he was made Emeritus Professor of Obstetrics, Professor Wintermute being appointed in his stead, thus recombining the chairs of Obstetrics and Diseases of Women and Children. Pathology was taken from the chair of Practice, and Principles of Medicine substituted, Professors Scudder and Thomas still holding the chair. Professor Jeancon was now transferred to the newly-created chair of Pathology and Pathological Anatomy, while Physiology, which had been taught by the latter, was given to Professor Watkins, in addition to his laboratory duties. Dr. McPherson resigned in 1891, and his position was divided—that of Lecturer on Ophthalmology and Otology being given to Dr. Wm. Byrd Scudder, and the Demonstratorship of Anatomy to Harvey W. Felter, M. D. The "Grim Reaper" again visited the ranks of the old teachers and gathered two of them—singularly, two who had jointly occupied the chair of Chemistry in the Institute—Professor Herod D. Garrison, M. D., who died February 22, 1891, and Professor John French Judge, M. D., who passed away October 17, 1891, of paralysis.

Early in 1891, a distinguished honor was conferred upon the Eclectic Medical Institute. In 1888, a request was made by the Department of Education of France, for an exhibit at the Exposition Universelle, in 1889, of the methods of instruction, text-books, etc., of the Institute. In response to this polite request, catalogues for some twenty years, orders of lectures, a catalogue of graduates, a bound volume of the *Eclectic Medical Journal* for 1888, and eighteen text-books, written by members of the Faculty, were sent, with the understanding, that when the Exposition was over, the books be deposited in the Bibliotheque Medicale. The Committee, in view of this excellent showing, awarded the College a silver medal, together with a Diploma bearing the following legend: "Republique Francaise, Ministere du Commerce de l' Industrie et des colonies. *Exposition Universelle* de 1889. Le jury international des recompenses decerne un diplome de Medaille D' Argent, Au College Medical Eclectique, de Cincinnati (Ohio), Etats Unis-Groupe II—Class VIII. Le Directeur General de l'Exploitation, *G. Berger*. Le President du Conseil Commissaire General, *L. Cirday*."

On January 16, 1892, Professor Andrew Jackson Howe, M. D., who had risen to the highest pinnacle of fame as a surgeon, died from a carbuncle upon the neck. The idol of the profession, and the fore-

most Eclectic surgeon, his death was the occasion of great sorrow throughout the land, and no little consternation, lest Eclecticism be weakened by his demise. . But the loss of one, however great, can not affect a great cause. Eclecticism still lived, and the old Eclectic Medical Institute moved on as if nothing had occurred, though universal sorrow prevailed. To fill the vacancy so suddenly produced by the death of Professor Howe, the Board of Trustees appointed William E. Bloyer, M. D., temporarily, to the chair of Surgery, and Harvey W. Felter, M. D., temporarily, to the chair of Anatomy. This arrangement was carried out for the balance of the session, which however, had just begun. Professor Scudder now substituted Specific Diagnosis for Physical Diagnosis in his department, and Dr. E. R. Freeman was appointed Assistant to the Chair of Surgery.

In 1893, in view of the increasing demand for a higher medical education, the requirements for graduation were increased, though no change was made in the length of the College year of nine months, nor were the fees increased. The advanced requirements provided that "students who shall have matriculated previous to September 4, 1893, will still be entitled to graduation after having read medicine four years, and attended three sessions of twenty weeks each in three calendar years." "Students matriculating on and after September 1, 1893, will be required to have read medicine for four years, including attendance upon three annual courses of lectures of *not less than six months each*, the last of which, at least, must have been in this Institute. No two sessions within one twelve months will fill this requirement." This year two free scholarships, of the value of \$200 each, were offered to such as had not the means to defray the expense of a medical education, and to be competed for in a competitive examination.

On June 19, 1893, death conquered the gentle spirit of Professor John King, the scholar, scientist, and beloved teacher. The profession bowed its head in grief, for few teachers who ever stood upon the medical rostrum commanded the love and reverence of students as did Professor King. June 16, 1901, a large concourse of physicians from all over the country, and friends and neighbors repaired to "the place where they had laid him," and dedicated to him an enduring and chaste and beautiful granite monument.†

No change was made in the Faculty of 1893-4. On February 17,

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† The funds for the erection of this stone were derived from the proceeds of the sale of a booklet—"The Right Side of the Car"—written by Professor King's colleague and close friend, John Uri Lloyd. The monument was unveiled, with appropriate ceremonies, June 16, 1901.

1894, following so closely upon the passing of Professor King, came the announcement of the sudden death of Professor John Milton Scudder, at Daytona, Florida, of paralysis of the heart. Of all men of Eclecticism, it seems as if this one could least be spared. But a few months before he had almost prophetically said that "the loss of no one man could leave an irretrievable void." While he lamented the death of his near colleagues, Professors Howe and King, he did so because of his personal affiliations and love for those near companions. Said he to the pessimist, who sees only disaster in changes: "Keep your eye on the old Eclectic Medical Institute, and note how the thousands of her alumni who mourn great teachers will respond towards their *Alma Mater*. Death has taken two conspicuous men, but the affiliations that exist between the College and her graduates, will be strengthened by a loss that is common alike to both." That he spoke prophetically and truly is shown by the fact that never before in the history of the institution, has the tie between the Institute and her children been so close as since the death of these three distinguished teachers. The last of the great trinity had gone—he who had saved the Institute from threatened oblivion, and cared for and nourished it into a medical college, the like of which is not known elsewhere in Eclecticism.

Immediately after the death of Professor Scudder, the following changes in and additions to the Faculty were made: Professor Frederick J. Locke, M. D., was made Dean, and to Professor Thomas' duties were added Lecturer on Hygiene (vice Dr. Scudder), Professor Thomas now occupying the full chair of Principles and Practice of Medicine. Minor Surgery was added to the chair of Surgery, filled by Professor Edwin Freeman, Dr. E. R. Freeman having resigned. Later in the year, however, Dr. Edgar T. Behymer was appointed Lecturer on Minor Surgery, Professor Freeman holding General and Clinical Surgery. Dr. W. Byrd Scudder's chair of Ophthalmology and Otology was made a professorship, with the addition of Rhinology and Laryngology. Professor Zoheth Freeman was made Emeritus Professor of Clinical Medicine and Surgery. The other additions were: Dr. John King Scudder, Instructor in Latin, and Secretary of the Faculty; Dr. Wm. N. Mundy, of Forest, Ohio, an excellent medical scholar and clinician, was appointed Professor of Physical Diagnosis, Hygiene, and Clinical Diseases of Children; and Dr. Bishop McMillen, an expert alienist and neurologist, of Columbus, Ohio, was elected Professor of Nervous and Mental Diseases. In 1894 the underground portion of the building—also including the first story—was converted into an elegant and modern Clinical Amphitheater and Free

Dispensary. Upon its completion, this new addition was dedicated with appropriate ceremonies, Professors Thomas and Z. Freeman delivering addresses.

The staff of the Free Dispensary for 1894-5, was composed of the following: William N. Mundy, M. D., Clinician in Chief, Instructor in Clinical Diseases of Children, and Physical Diagnosis; William Byrd Scudder, M. D., Instructor in Clinical Diseases of the Eye, Ear, Nose and Throat; Lyman Watkins, M. D., Clinical Instructor in Medicine; Robert C. Wintermute, M. D., Clinical Instructor in Gynecology and Out-Door Obstetrics; Edwin Freeman, M. D., Clinical Instructor in Surgery; Charles G. Smith, M. D., and James S. H. Potter, M. D., Assistants in the Eye and Ear Clinic; George W. Brown, M. D., Assistant in the Medical Clinic; Wilson W. Barber, M. D., Assistant in the Gynecological Clinic; E. T. Behymer, M. D., and E. R. Freeman, M. D., Assistants in the Surgical Clinic. Later in the season, William L. Snyder, M. D., was appointed Assistant to the Clinics on Diseases of Children and Physical Diagnosis; and Grant S. Van Horn, M. D., Assistant to the Gynecological Clinic, vice W. W. Barber, M. D., resigned.

The relative position of the Eclectic Medical Institute with other schools of this city was now well shown by the following report (1894) of Dr. W. E. Lewis, M. D., Professor of Anatomy in the Cincinnati College of Medicine and Surgery, and Secretary of the Anatomical Association. Upon this basis are made the distributions of the dissecting material among the various medical colleges—Eclectic Medical Institute (Eclectic), 238 students; Medical College of Ohio (Regular) 226; Cincinnati College of Medicine and Surgery (Regular), 98; Miami Medical College (Regular), 88; Pulte Medical College (Homeopathic), 37; Woman's Medical College (Regular), 35; Presbyterian Medical College, 14. The following, taken from Annual Announcements of the eight Eclectic Colleges recognized by the National Association, shows the relative strength of the College, as compared with other Eclectic Medical Colleges:

	MATRICULATES.	GRADUATES
Eclectic Medical Institute .....	288	47
American Medical College.....	79	10
Bennett Medical College.....	76	23
Georgia Eclectic Medical College .....	70	28
California Medical College.....	63	13
Eclectic Medical College of the City of New York..	67	13
Indiana Eclectic Medical College.....	24	9
Iowa Eclectic Medical College (suspended).....	21	7

In May, 1895, the announcement was made that "*hereafter* but one session will be held each year, beginning in September, and continuing

eight months." This was an added step in the direction of higher medical teaching. Up to this time two sessions had been held each year; the college having had, in all, one hundred and one sessions. Later an increased length of attendance was declared, as follows: "Students who attended here, or in some other accredited medical college, previous to March, 1895, will still be entitled to graduation if they have read medicine for four years and attended three sessions of six months each in three different years." "Students who matriculate (here) for the first time on or after September 16, 1895, will be required to read medicine for four years, including attendance upon three annual courses of lectures of not less than eight months each, the last of which, at least, must have been in this Institute." "No two sessions within the twelve months will fill this requirement. This is in conformity with the regulations of the National Confederation of Eclectic Medical Colleges, of which this Institute is a member."

On May 18, 1895, the following additions were made to the Faculty: L. E. Russell, M. D., of Springfield, O., was appointed to the Chair of Clinical Surgery and Operative Gynecology; John R. Spencer, M. D., of Cincinnati, to the Chair of Electro-Therapeutics; and George W. Brown, M. D., of Newport, Ky., Demonstrator of Histology and Pathology. The following changes were made in the Department of Clinical Instruction: W. E. Bloyer, M. D., Clinical Instructor in Medicine; L. E. Russell, M. D., Clinical Instructor in Surgery and Gynecology; E. T. Behymer, M. D., Clinical Instructor in Minor Surgery; W. N. Mundy, M. D., Clinical Instructor in Dermatology (additional to his other duties); and H. W. Felter, M. D., was made Quizmaster in Chemistry, in addition to his duties as Demonstrator of Anatomy. Otherwise the Faculty remained unchanged.

During 1895, Locke's "Syllabus of Eclectic Materia Medica and Therapeutics," compiled and edited by Professor Felter, and an "Eclectic Compend of Medicine," by Professor Watkins, were published, and were adopted as text-books in Eclectic Medical Colleges.

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### **Seton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 115.—Mrs. G., married some 15 years, referred to the clinic by Dr. J. S. Niederkorn, of Versailles, Ohio, on account of an enlargement in the right iliac extending deep into the pelvis, with a sufficient bulging on the right pelvic quadrant to be plainly noticeable. This patient has always been regular with the menstrual flow since womanhood until two months ago, when there was a missed menstrual period

followed two weeks afterward by severe pain in the right side and hemorrhage which has been continuous with occasional discharge of a decidual membrane.

On making a bimanual examination we find the pelvis filled with an irregular tumor-like condition extending above the pubic arch. We have then in this case very marked symptoms of ectopic pregnancy, namely: First, one missed menstrual period followed a few days by a constant flow. Second, a lateral enlargement extending down into the pelvis immobilizing the uterus. Third, a gradually enlarged uterus. Fourth, pain of the nature of a fulness or pressure together with soreness in the affected tube.

This patient having been hastily prepared, we made an incision in the median line and immediately came upon the enlarged tube almost to the stage of rupture. The walls were as thin as tissue paper. We also found deep in the pelvis three uterine fibroids the size of goose eggs, another one at the left uterine cornu. There was therefore nothing left to do but a complete abdominal hysterectomy which, on account of the impaction of the tumors in the pelvis, greatly delayed the dissection of the uterus with its tumors and abnormal pregnancy. We have in this one of the formidable conditions to deal with in pelvic surgery. In the first place care must be exercised not to rupture the pregnant tube, and in the second place to be able to leave out of the pelvis the enlarged uterus with its fibroids attached by adhesions and impaction. We use the double tenacula cork-screw tractor, and twisting it down deeply into the uterine fundus, and then while lifting upward with one hand on the tractor the other hand is forced down from the promontory of the sacrum to loosen and dissect and lift the tumors up out of the pelvis, which, when fairly well advanced, enables us to put around the ovarian artery with a long curved needle our first silk thong constrictor. We thus shut off quite a large supply of blood, and after securing both ovarian arteries we place another strong ligature close to the uterine cornu to prevent hemorrhage from the tumor and uterus. Our dissection is now with the scissors getting the broad ligament and ovarian artery and continuing the incision into the lateral walls of the uterus.

Our next step is to dissect the bladder from the anterior uterine wall; at the same time this dissection is being made we take enough of the anterior uterine wall to make the anterior flap in our closure of the pelvic floor. We also dissect the similar flap from the posterior uterine wall, and carry the dissection down to the uterine cervix. Just at this time we secure either uterine artery with a strong ligature, and after dissecting the uterine cervix out of its environment



we fill this cavity with iodoform gauze for drainage down through the vaginal tract. We now take either lateral constricted tissue and bringing it across the lateral chasms from which the uterine body has been removed, with heavy catgut we suture the posterior and anterior uterine flap from the ends of the constricted broad ligaments, using care that no traumatic surface exists in the pelvic cavity.

The operation is finished as a rule with drainage in Douglas-cul-de-sac, the small incision having been made so that a small piece of gauze can be carried down through the most dependent part of the pelvis and remain for drainage for two or three days through the vaginal tract, after which it is removed, and for two or three days there will still remain some opening for drainage when needed.

The operation was performed on this patient Aug. 20th, and three weeks afterward she was able to be around the Hospital and ready for her return home. This scores me about one half hundred cases of ectopic pregnancy without a single death.

Recently I was called to Creston, Ohio, by Dr. Hollingsworth who in the last five years has had three cases in his practice; two of them came to him after passing through the hands of other physicians who failed to recognize the condition. I therefore feel that it is important that our physicians keep constantly before them the possibilities of the above named lesion when they have any symptoms pointing in this direction.

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#### **BISMUTHI ET AMMONII CITRAS, Liquor.**

*Common Name*—Liquor Bismuth.

*Description*.—This preparation is a solution of ammonio citrate of bismuth. It is colorless, has a slightly metallic taste, and a neutral or feebly alkaline reaction. It usually mixes freely with water, but if precipitation or milkiness occurs, a few drops of aqua ammonia will render the solution colorless.

*Dose*.—30 to 60 drops every three or four hours.

*Indications*.—Irritative diarrhea, gastro-intestinal irritation, eructation of acid or acrid material, gastric and intestinal pain, heat and uneasiness in the bowels, long pointed and red tongue, watery diarrhea, dysenteric diarrhea, diarrhea of typhoid fever.

This agent is a remedy of great usefulness in the treatment of diarrhea, and is especially valuable in that caused by undigested food.

Liquor bismuth is antacid, tonic, sedative, and slightly astringent.  
—*Eclectic Review*.

## Ohio State Eclectic Medical Association.

### PROCEEDINGS ANNUAL MEETING, 1907.

W. N. MUNDY, M. D., EDITOR.

## ANNOUNCEMENT.

DAYTON, O., September 10, 1907.

The executive committee of the Ohio State Eclectic Medical Association met at the Phillips House in Dayton, Ohio, on call of the President, Dr. A. S. McKittrick. All members of the committee were present, as well as Drs. Wuist, J. D. Smith, Swisher and Hays, of the local committee, and Dr. J. K. Scudder, of Cincinnati.

The propositions of the various hotels, relative to rates, meeting place and exhibitors space, were received, and on motion was referred to the local committee to perfect arrangements as well as was the matter of social session to be held Wednesday evening, the various members stating their views as to the same. The arrangements for a surgical clinic Tuesday A. M., were left to the care of the local committee and Prof. L. E. Russell, save only as to time.

The sections were arranged as follows:

#### SECTION I.—OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

Chairman, J. J. Sutter, M. D.....Bluffton.  
Vice Chairman, U. O. Jones, M. D.....West Jefferson.  
Secretary, Ralph B. Taylor, M. D.....Columbus.

#### SECTION II.—PATHOLOGY AND PRACTICE,

Chairman, P. E. Decatur, M. D.....Marseilles.  
Vice Chairman, John W. Barry, Jr., M. D.....Springfield.  
Secretary, E. A. Ballmer, M. D.....Columbus Grove.

#### SECTION III.—PEDIATRICS.

Chairman, R. R. Barrett, M. D.....Mansfield.  
Vice Chairman, C. P. Krohn, M. D.....Pleasant Plain.  
Secretary, J. V. Athey, M. D.....Belpre.

#### SECTION IV.—MISCELLANEOUS.

Chairman, J. K. Scudder, M. D.....Cincinnati.  
Vice Chairman, Ivadell Rogers, M. D.....Delaware.  
Secretary, James Hays, M. D.....Dayton.

#### SECTION V.—SURGERY.

Chairman, Auguste Rhu, M. D.....Marion.  
Vice Chairman, J. F. Wuist, M. D.....Dayton.  
Secretary, B. K. Jones, M. D.....Kenton.

## SECTION VI.—SPECIFIC DIAGNOSIS AND MEDICATION.

Chairman, J. D. Dodge, M. D.....Collinwood.  
 Vice Chairman, J. F. Conrad, M. D.....Magnetic Springs.  
 Secretary, S. W. Mattox, M. D.....Marion.

## SECTION VII.—OBSTETRICS AND GYNECOLOGY.

Chairman, J. Stewart Hagan, M. D.....Cincinnati.  
 Vice Chairman, R. C. VanBuren, M. D.....Carey.  
 Secretary, Jas. G. Sherman, M. D.....Columbus.

## SECTION VIII.—MATERIA MEDICA AND THERAPEUTICS.

Chairman, J. D. Smith, M. D.....Dayton.  
 Vice Chairman, H. E. Dwire, M. D.....Nevada.  
 Secretary, E. M. Wright, M. D.....Warsaw.

## SECTION IX.—MENTAL AND NERVOUS DISEASES.

Chairman, R. V. Dickey, M. D.....Lima.  
 Vice Chairman, C. W. Holtzmuller, M. D.....Farmersville.  
 Secretary, V. L. Bell, M. D.....Oakley.

## SECTION X.—ELECTRO-THERAPEUTICS.

Chairman, J. S. Niederkorn, M. D.....Versailles.  
 Vice Chairman, Newton G. Vassar, M. D.....Ridgeway.  
 Secretary, C. E. Stadler, M. D.....Cairo.

On motion it was decided that the program be completed by Dec. 1, 1907, and that some one be selected to open discussion on each paper. It was also moved and carried, that the Committee on Organization be requested to proceed to the organization of a number of district societies, to correspond to the present districts as outlined; and that said district societies meet quarterly and rotate their meetings by counties.

On motion the Executive Committee adjourned to meet with the Northwestern Association on the occasion of their 25th birthday in Marion.  
 W. N. MUNDY, Secretary.

## SECTION IV.

## PEDIATRICS.

A. F. GREEN, M. D., PRESIDING.

## INFANT HAND FEEDING.

By A. L. Schwartzwelder, M. D., Cleveland, O.

Of all matters which are brought to the attention of the family doctor, the most trying as well as the most difficult to adjust to the welfare of the infant is the artificial feeding of the infant.

The utmost care must be used in the selection of the proper food, in the proper quantities which its delicate digestive organs can handle. The interval between meals is also of paramount importance, as too frequent feeding leads to indigestion, and too little to loss of weight, strength and vigor of the child.

As fully 50 per cent. of the troubles of infants date from some wrong of the digestive tract it behooves us as physicians to examine carefully our knowledge and equipment in regard to this all-important need of much medicine will be avoided and many grateful patrons part of our calling, and if we solve it right as to each child the added to our list. Where, after the birth of the baby, the mother's milk totally fails or does not appear, we have the choice of three modes of rearing the child until we get past its second summer:

1. Modified milk of the laboratory.
2. Home modified cow's milk.
3. Cow's milk modified by Mellin's Food, Peptogenic Milk Powder, Eskey's Food, or Imperial Granum.

Which we choose to raise the infant upon depends on how well its digestive organs can handle it, leaving the least disturbance of the prima via. It is needless to say all our efforts will amount to little if perfect cleanliness is not attained as to the bottles, nipples, and mouth of the child after each feeding. Every mother should be armed with one dozen thoroughly scrubbed and scalded bottles inside and out, then immersed in bicarbonate of soda water for future use; one half dozen nipples, without tubes should be likewise prepared daily and immersed in the same solution. After each feeding the nipples and bottles should at once be treated in the same manner and made ready as before suggested. Never should what remains in the bottles from feeding be mixed with the infant's supply of milk, but be thrown out. Even the child's mouth should be thoroughly rinsed with boracic acid solution after each feeding to insure that no germ decomposition will set up a digestive disorder.

Where the prepared milk is kept is of the utmost importance and also the care of the bottles, as foul odors, damp cellars, and lack of good ventilation will contaminate the best milk in a few hours, and to insure against this, each bottle should be carefully sealed with a sterile stopper or sterile absorbent cotton and left in a sweet, cool atmosphere.

In children as in adults we must have habits of health, therefore it is of great importance that we do not establish bad habits of feeding. On general principles  $2\frac{1}{2}$  hours for the first six months is often enough, giving 1 to  $1\frac{1}{2}$  oz. first week;  $1\frac{1}{2}$  to 3 oz. second and third

weeks;  $2\frac{1}{2}$  to  $3\frac{1}{2}$  oz. fourth and fifth weeks; 3 to 5 oz. sixth week to third month; third to fifth month, 4 to 6 oz.; fifth to ninth month, 5 to  $7\frac{1}{2}$  oz.; ninth to twelfth month 7 to 9 oz. As the baby grows older, gradually lengthen the time to 3,  $3\frac{1}{2}$  and 4 hours apart.

As to the form of milk we are to give the infant, the best in my opinion, if the family can procure it, is to have laboratory modified milk. Modified as to the peculiar needs and graduated as the child grows older. The next best form available is the home modified cow's milk. We also modify this form of food to fit the infant's case, by using with the cow's milk, arrow root, rice water, or oat-meal gruel water.

The last form of modified milk is the use of Mellin's Food, Fairchild's Peptogenic Milk Powder, Horlicks Malted Milk, Imperial Granum, etc., all good in particular cases. In my hands the use of Fairchild's Peptogenic Milk Powder has proved the most satisfactory as it is nearer nature's way. All these formulas under which you feed the child, must be varied to suit each case, as in some there will follow constipation, others diarrhea or loss of flesh. Whatever the lack may be, remedy it at once according to your best judgment in each case.

In some cases all foods seem to disagree, causing diarrhea and vomiting when we must at once substitute albumin water with perfect rest of the digestive tract. As a substitute for albumin water we have lactalbumin, a high class of food frequently meeting all the demands made upon it where these constituents are lacking in the regular food of the infant. This preparation is easily prepared, by simply mixing the same with warm sterile water. Often your delicate child can be tided over with this article until stronger milk can be taken again. Often the mother has a little milk, but it is thin and lacks the albuminous constituents. Then in this case use in addition to her milk lactoalbumin until the mother rectifies her error of diet or builds up in health, that the child may be better nourished.

A careful watch should always be kept on the child's weight from month to month and any time it is below normal for its age, look out for the cause in the kind of food taken, increasing at once the nutritious elements that may be lacking. Often times it is the lack of fresh air, sunshine and pure water that retards the child's development; for a child by all means needs these adjuncts daily, so the general health keeps up to par and the food digests properly.

Keep close watch on the mother as she may add too much of the rich elements in modifying the milk, thereby producing greenish stools and curds followed by nervous symptoms and acute indigestion in the

child. Immediately change the formula, reducing the milk to the proper health producing quality. By careful guiding the mother in each case, advising her where she is neglectful, we can tide these little ones through the critical period of their lives, adding the boon of health marked in the rosy cheek, plump flesh and merry laugh of healthy childhood.

This is our privilege and duty as medical advisers to our patrons which will add happiness to the home and future prosperity to the State, in laying well the foundation for the future manhood and womanhood of our community.

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### CONSTIPATION IN CHILDREN.

By F. W. Schneerer, M. D., Norwalk, O.

The term *constipation* denotes insufficiency of evacuation from the bowels, delayed expulsion of fecal matter, or infrequent or incomplete alvine discharges. It should not be confounded with costiveness, which denotes a less degree of insufficiency or merely scanty feces, the bowels moving every day, but the quantity being deficient, and the act of defecation being labored and sometimes painful.

Constipation is not a disease in itself, but a symptom of various conditions of the system, often difficult to define in children, as at times it is only a slight or trivial matter; while at others it is of a very serious nature claiming our attention on account of the inconvenience it causes and the danger of its affecting other organs and also the general nutrition of the entire body, even endangering the life of the child. The inconveniences and danger of the constipated habit were recognized by the early authors. Hippocrates pointed out many of the pathological results produced by the difficulty we are considering, and as a means of relief suggested laxatives, injections and suppositories. Celsus and others also mentioned the subject. The condition has often become habitual or chronic before it comes to the notice of the physician, giving him much difficulty in determining the pathological condition of the affection and its cause.

Various causes may contribute to bring on this habit, but to determine the existence of it, the normal habit of the child when in health must be taken into consideration. A majority of children have normally from two to three evacuations a day, while others have one regularly every second day, and rather experience discomfort if temporarily evacuations occur daily. In some the act of defecation is delayed for one or two days, but when it does occur the amount is ample. Only by observing a gradual increase in weight and a general

good condition of nutrition in the child, can we decide this question. Dr. Earle says: "After considerable study I have come to the following conclusion in regard to what should be considered normal evacuation of the bowels in infants and children. In infants it is perfectly natural for at least three or four evacuations of the bowels to take place daily, and, viewed from this standard a nursing child having only a single passage each day, would be in an abnormal condition. Between the first and the second year it is normal for two movements to take place daily. At the beginning of the second year usually both movements from the bowels and the bladder become voluntary."

Constipation is undoubtedly more frequent in adults than in children, but the habit is much more frequent in childhood than one would infer from the meager literature on the subject.

The majority of children suffer in some degree from constipation. Some authorities state that it is one of the commonest disorders of early life. "In many cases it is only a transient difficulty, while in others it is a malady which will follow its little victim through the entire period of childhood, affecting not only its present health and comfort, but also its future development."

The causes of constipation are many and various. Some children are persistently troubled with this malady, whether raised at the breast or on artificial foods. A constipated habit of the mother very frequently produces the same habit in the child. Too much casein or starch in the milk or too small a quantity of sugar is thought to be a cause. Carelessness on the part of the mother or nurse often lays the foundation of habitual constipation. A sluggish condition of the intestinal glands or a catarrhal state of the mucous membrane of the stomach and bowels, producing a diminution of the secretions associated with the process of digestion, may be a cause. We meet with cases where the child is not given enough water, or where it is fed boiled or sterilized milk, or the milk being of poor quality, not containing enough fat. In other children solid food or a diet which leaves a large residue, as nuts, rice, arrowroot, and some vegetables with a deficient amount of liquid will produce constipation.

Remedies given to quiet restlessness and to relieve pain, are generally constipating. Fissures, hemorrhoids, constricting bands, tumors, strictures and all local diseases of the rectum predispose to constipation. In infants, constipation often causes repeated attacks of colic, which, if slight and soon relieved, produce no alarming symptoms, but if long continued, give rise to swollen and distended bowels. The child refuses to take its nourishment, is cross and irritable, with

flushed face, hot head and nervous, or is dull and listless, inclined to sleep a good deal, with more or less rise of temperature, reflex symptoms, and sometimes convulsions. In other children the loss of appetite is more marked, the tongue is coated, the breath offensive, and it rests poorly at night. The complexion loses its clearness, the skin becomes jaundiced and we have clay-colored stools with nausea and vomiting.

In still older children, where constipation has become chronic, we find the habits and character of the child changed. Those fond of work and studious at school, on account of severe headache and a depressed condition of the system, become careless and lazy and seemingly indifferent, despondent and melancholy.

In the treatment of constipation either acute or chronic, we should always bear in mind the fact as stated in the beginning of this paper, that we have a condition or symptom to treat, and our first effort should be to discover the cause that has produced the condition.

In the nursing infant, if the mother is of a constipated habit, we may sometimes obviate the difficulty in the child by making a change in the mother's diet, and have her drink freely large quantities of pure water, or oat meal or barley water, and by giving her a mild laxative. For the nursling whose passages are very dry with much straining and pain, there may be a lack of fluid. For this child there is nothing more beneficial than pure water internally. "A baby is not always hungry when it cries, it may be thirsty." If laxatives are required for the infant, we would administer some mild remedy as olive oil, prune juice, molasses, a teaspoonful of Maltine in a little milk three or four times a day, or five or ten grains of phosphate of sodium, also given in milk two or three times a day.

In others a local stimulant may be introduced into the anus or into the rectum, a glycerine suppository or a soap pencil. In some a small injection of either warm or cold water will be efficacious. In older children, the parents should be instructed to inculcate a habit of regularity in attempts to move the bowels, so as to get a daily regular habit. A child of two or three years and sometimes even younger, may be taught to expect an evacuation of the bowels at some regular time, and with this expectation should be taught to exercise its will.

Children on a mixed diet should avoid starchy foods, also spices, cheese and dried fruits. Have them eat soups, drink freely of pure water. If older, eat stewed fruits, baked apples, oranges and all kinds of laxative food. They should always be instructed to eat slow and masticate their food well. We must try to correct the constipation by directing our attention to the mother's diet, or by making some slight change in the food of the child, and as far as possible avoid



**laxatives.** There are many drugs administered for the relief of this condition, but we should study our cases carefully and endeavor to give the indicated remedy.

Among the drugs most frequently indicated we will mention but a few. Podophyllin in minute doses, Nux Vomica, Iris, Leptandrin, Nat. Phos., Comp. Licorice Powder, Carbonate Magnesium or milk of Magnesium, Cascara Sagrada always administered in water. A teaspoonful of Maltine in four or six ounces of milk repeated three or four times a day, in bottle fed infants is a fine laxative. Ipecac in small quantities either alone or with minute doses of calomel, is considered an excellent laxative. If we must administer drugs, we should endeavor to gradually reduce the quantity of medicine, until by correcting the diet of both mother and child, the bowels will be kept in a normal condition.

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### **PSYCHO-THERAPY IN CHILDHOOD.**

**By Charles L. Harding, M, D., Bellevue.**

At this time, perhaps more than at any other time is the study of Psycho-therapy necessary because of the many sects and cults which are springing up in our country and in other countries, which are based very largely upon the principles of so-called faith, spiritual power, mental control of the physical being, etc. We all come in contact with a greater or less number of adherents to some one or more of these sects and to be honest with them and ourselves, we must admit that they do not die off like rats from every disease they may be attacked by, but in the most cases they get along some way. Of course, in the most of these schools, sects, or cults we can readily see beneath the surface some motive of fraud and a money making scheme or the desire to rule over a body of people. Brother Dowie has gone to his rest and reward (if he has any coming) and has left a large estate to show for his efforts in life. Some of the other classes of this nature are having troubles of their own and from all indications time will effect their eradication. These sects are the outgrowth of the same old idea that has existed as long as the science of Medicine, that the mental impression made upon a person who is suffering from some bodily malady has an effect upon the feelings of the person who is ill and serves to lessen or increase his suffering according to the mental impression made.

Who of us as physicians have not seen this truth exemplified many times in his or her experience? Who of us have not resorted to the use of a hypodermic injection of water in certain cases and seen the most remarkable results apparently therefrom?

This phase of the study of therapeutics, namely Psycho-Therapy, Suggestion, Faith Cure or whatever we wish to call it, is especially applicable in the treatment of the diseases of childhood. The child at the ages from four to sixteen or eighteen years, is very susceptible to mental impressions and it is in the treatment of these cases we should always try to make the most of our powers to favorably impress our patients.

One of the circumstances that taught me this principle of the effect of the power of suggestion, came to me while I was a student of medicine. I had been asked to vaccinate a little Jew, and when I came to perform the operation, the little chap would not "hold still." After every method that could be devised had been tried, I left, giving it up as a "bad job." A few days after this time I saw the young Hebrew playing with some children in an alley. I joined in their sport for a few minutes and after getting acquainted with the little fellow I told him that it would not hurt him if he would let me vaccinate him. I succeeded in assuring him that this was true and then I got along with the rest of it very well. The result was a howling success.

When I was a small boy I suffered a very severe attack of diphtheria and after being sick two weeks or so, I concluded I could not get well and made a remark to that effect to my mother. The doctor was then told of my words and when he came in he took pains to tell me of a little girl who also had diphtheria and was very much worse than I was, but who, he thought, was beginning to get better. This statement, I have often thought, saved my life. Hope returned and I soon began to mend. It tided me over the crisis.

Mental impressions are sometimes so strong that they persist for a remarkably long period of time. A little girl who is now nine years of age, at one time, when about three years of age, was unfortunate enough to spill some grease on one of her shoes. Her mother told her that she would not be able to walk with grease on her shoes and to this day she is positively afraid to get any grease on her shoes fearing that it will render her unable to walk.

A child had been ill many weeks with a gastric neurosis which had defied all treatment. She vomited persistently, retaining little or no nourishment. She told her father she wanted another doctor,—a certain young physician whom she had seen, but did not know—did not even know his name. She designated the doctor by telling her parents she wanted the doctor "who wears glasses." After much coaxing on the part of the child, the parents called the young doctor in to see her. The doctor after ethically treating the attending physician, as-

sumed charge of the case and administered a very small dose of Bromide of Sodium. The vomiting ceased immediately and the child made a very rapid recovery.

It has always been my idea that it was the satisfaction to the mind in this case that brought about the cure much more than the medicine that was administered.

Here is an instance of suggestion. A child who was sick was told by her father, in a jesting way that the doctor was the man who nearly pulled her head off, the mother having been delivered instrumentally at the time of her birth. Up to this time the child and the doctor got along very well and from that time to this, which has been about four years, the child is more afraid of that doctor than she would be of a rattlesnake.

These instances are evidence, to my mind, that children, as a rule are very susceptible to suggestion. If they are told by the physician they will recover, it inspires them with the utmost hope, and that is a very valuable ally in combatting the disease, of whatever nature it may be. I believe that one of the most valuable assets a physician can have is the confidence of the children with whom he comes in contact. Notice them. Cheer them when they are ill. Give them slight favors when they are well. When they are sick they will insist upon their parents employing the doctor they like and in some instances they will refuse to get well unless their wishes are respected.

Do not fail in treating little ones, to encourage them. Make them think that you can bring them out of their sickness all right. Laugh at them. Never scold them. Try never to give them nasty medicine. Give them what they need of medicine and in many instances that will not be a very severe pull upon your medicine case. They do not need much medicine. Give them hope. The most of them will live on that and milk, with a little medicine.

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## **EXTERNAL AND INTERNAL USE OF WATER IN DISEASES OF CHILDREN.**

**By A. F. Green, M. D., Cleveland.**

In the treatment of diseases of children, who is there among us who can find in his pocket case, satchel or medicine cupboard, a remedy that will act as either a tonic, or sedative, to the whole body, or any part of it, with certainty, uniformity and precision, by simply modifying its mode of administration? I am personally unable to recall any such remedy in the materia medica. Yet outside of it, and near

at hand, we have this remedy—*water*. When properly used, water is a more certain remedy, and a safer one, than drugs.

Very hot or very cold water should not be used with children under seven years of age, as their sensitive organisms cannot safely endure the depression caused by excessive heat, or the shock produced by severe cold.

The more common methods of using water externally, in diseases of children, are by sponge bath, pack, compress, and tub bath.

For the reduction of temperature and the allaying of extreme nervous irritability, I prefer the *sponge bath* when the temperature is below 102 degrees Fah., and the tub bath when the fever is above that point. Perhaps the best method of administering the sponge bath is as follows: Have at the patient's bedside three bowls of water, the temperature of the first 90 degrees, the second 80 degrees, the third 70 degrees. Strip the child and lay him on a woollen blanket, or between blankets if the air is cool. Sponge him with all three waters in rapid succession, beginning with the warmest water and ending with the coolest. The face and neck should be sponged and dried first, next the chest should be sponged and dried, then the entire back, after that the abdomen, then the arms, and lastly the legs. The entire bath should not occupy more than five or six minutes. This bath may be repeated every one or two or three hours, according to the intensity of the fever and irritability of the nervous system. In constitutional disorders, such as scanty or impoverished blood, and tuberculous condition of the glands and bones, where a tonic effect is desired, the sponging should be followed by vigorous friction till reaction is thoroughly established. The sponge bath seems less formidable to the mother, and is usually preferred by her, when she is the nurse.

The *warm pack*, or *vapor pack* as it is sometimes called, performs excellent service when the secretion by the skin and mucous membrane is to be increased, or when the circulation of the blood is to be equalized in the body, and the nervous system is to be calmed. It is used on children suffering from bronchitis, nephritis, dropsy, rheumatism, spasms, and excessive irritability of the nervous system. The warm pack is administered by stripping the child and laying him between blankets. A small sheet is next wrung out of the water at 90 degrees Fah., and wrapped snugly about the patient's body. The woollen blankets are then wrapped about the child, and a hot water bottle is placed at his feet. He should be encouraged to drink water freely while in the pack. The child is allowed to remain, steaming and sweating, in this position from one to two hours.

The *cold pack* is often a convenient means to reduce the temperature in such diseases as typhoid fever or pneumonia, when there is not sufficient help at hand to use the tub bath. It differs from the warm pack only in having the water 10 to 15 degrees cooler, and by repeating the application of the wet sheet every eight or ten minutes two or three times during each pack. The cold pack may be used every two or three hours while the fever is high.

The local application of water by *cold compresses* is useful in the early stage of inflammation when the blood supply is to be reduced and cell-activity is to be retarded, or when the small blood vessels are to be contracted to check hemorrhage, especially of the internal organs.

*Warm compresses* open the capillaries and thereby increase the blood supply and cell-activity. This agency is therefore especially applicable when suppuration is to be hastened and blood stasis relieved, or in inflammatory troubles after the acute stage is passed, to favor the absorption of diseased products, as in exudative pleuritis, bronchitis, etc. Warm compresses are also valuable in neuralgias of the head, or in spasmodic conditions of the intestines.

Of all the forms of external treatment by water I regard the *tub bath* as the most useful. With children it may be used *tepid*, *hot*, by *shower*, or by *dash*.

The temperature of the water for a *tepid bath* ranges between 85 and 92 degrees. The child should be in the tub from three to ten minutes. His body should be submerged up to the neck; but if the shape of the tub will not admit of this, a Turkish towel may be thrown over his shoulders and kept wet by pouring water upon it every minute or two. While in the bath the child's forehead and face should be occasionally wet with cold water, and his legs, arms and body should be rubbed to keep the circulation active. The tepid bath is especially useful in scarlet and typhoid fevers. It usually may be repeated every three hours when the fever rises above 102 degrees.

The *warm tub bath*—temperature 92 degrees to 98 degrees—is perhaps the one that can be used most frequently of all, and is possibly the most valuable of all. It calms the nerves, equalizes the circulation, promotes sweating, and lowers the body temperature. The patient should remain in this bath from five to ten minutes. This bath acts as a most perfect sedative and relaxant for children. It is therefore particularly indicated in all spasmodic and nervous affections, in eruptive diseases, and lung and kidney troubles.

A few months ago I had a most appalling case of scarlatinal nephritis. For three days the child—four years old—could not retain food, water or medicine by either mouth or rectum, and his nervous

system was so overwhelmed by toxins that much of the time he was delirious and rolled and tossed in bed. The warm bath (98 degrees), given in a washboiler 40 minutes every three hours, was apparently the means that saved his life, by calming the nervous system, and supplying the blood with sufficient water by absorption through the skin.

In extensive burns and wounds, and in skin diseases accompanied by intense itching the warm tub-bath is employed as a permanent or continuous bath. The patient is suspended in the bath on a sheet, and the water in the tub is kept at an equal temperature by a properly gauged inflow and outlet.

*The hot bath*—temperature 108 degrees—is useful in convulsions and collapse. The duration of the bath should not be over three minutes. While in the water the child's head should be kept cold by an ice-bag or by cold water.

*The cold shower bath* is given for its stimulating effect in nervous affections, such as neurasthenia, enuresis, and as a general tonic. It should consist of a quick shower followed by active friction.

*The dash or aspersion bath* is one in which a large volume of cool water is dashed suddenly over the body of the child, or, where a large stream of cold water is poured from a considerable height upon a part of the body, such as an arm or leg, or the spine, and followed by vigorous friction for several minutes. This bath applied to the spine is valuable in cases of poisoning by drugs or suffocation from gases. It is beneficial when the muscular power of an arm or leg is impaired from long inaction, as in cases of fractures, dislocations, sprains, etc.

The tub-bath also serves as a vehicle for administering certain drugs by way of the skin, such as mercury, sulphur and salt.

*The internal use of water* comes into play more frequently than the external in the treatment of children. Not only does it serve to quench the thirst and supply the blood and tissues with a fluid by which active commerce of the cells of the body can carry on the work of exchange between new material and worn out tissue; but it cleanses the alimentary canal, stimulates muscular contractions of the stomach and bowels, and increases the output of the kidneys and skin. In acute diseases when there is inability to take food, the liberal use of water will preserve life for several weeks. The free drinking of cool water in high fever tends to lower the temperature, and especially so when combined with the tepid bath.

*Stomach washing* in children has a field of wide usefulness. It is especially valuable in inflammation of the stomach due to toxic or

other causes, also in cholera infantum. Stomach washing may also be used with advantage in chronic indigestion of children. Children with weak hearts or with the bleeding habit cannot with safety receive this treatment. The only apparatus necessary for stomach washing is a medium sized rubber catheter, four feet of rubber tubing, a funnel and two inches of glass tube connecting the catheter and rubber tube. Ten inches should be marked off on the catheter as the distance to be passed beyond the child's lips. The solution to be used in washing the stomach should be a little above blood heat, and the amount of fluid instilled at any one time into the stomach should not exceed the average capacity of a child's stomach at the age of the patient.

*Irrigation of other cavities* by water to which salt or boracic acid may be added, is of great benefit; as the bladder in chronic cystitis, the vagina in vulvo-vaginitis, the ear when obstructed with wax, foreign bodies, or troubled with inflammation of the external canal.

*The use of water by the low enema* in small quantities is helpful in chronic constipation of children.

*The high enema* serves not only to cleanse the lower bowel, but also the upper bowels of solids and gases too, when starch and turpentine are added to the water. By using water between 80 degrees and 90 degrees Fah., the high enema is a useful agent in reducing excessive temperature. A *saline solution* (Temp. 105 degrees to 110 degrees) administered slowly through a tube high up in the colon is an admirable remedy for children when the blood has been depleted from hemorrhage or diarrhoea, by resupplying the general circulation and tissues of the body with fluid. It is also valuable in eruptive diseases, anemia, and especially so in uremia and shock following injuries or surgical operations. When the bowels will not long retain a saline injection or when a quick and positive result is necessary, the solution should be administered by sub-cutaneous injection. It is well to have the solution sterilized by heat and filtered immediately before administration. The quantity injected should be between two and six ounces according to the age of the child and the conditions to be met.

#### DISCUSSION.

Dr. Palmer:—When the patient is pale, anemic, and weak, cold applications should not be used. When there is fever, then use cold. For the use of cold applications the patient should be rugged. I call them the warm and cold classes and use hot or cold water accordingly. I do not believe in the use of very cold applications to the head.

Dr. Dodge:—I believe warm or tepid baths are more applicable in fevers. I am opposed to the use of cold water and believe it should not be used.

Dr. Watkins:—I believe that the water cure was first tried successfully in the Philippines, but it was not very popular as there used. There the water was all poured into the stomach. Hydrotherapy is not very popular with all cases either externally, internally or eternally. I do not think it will cure anything. When I have tried to wash the stomachs of these little fellows, I have always put my foot in it bad. The use of the saline solution by the rectum has helped me to pull some patients through in bad cases. Have used it in cases that were in extremis, using small quantities frequently, because if I had used large quantities it would have been rejected.

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### **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

#### **NASAL AND PHARYNGEAL NOTES.**

The fall of the year usually is productive of "colds," which manifest a decided preference for the mucous membrane of the nose or pharynx. The annoyance may be slight, or so severe that the patient is kept busy coughing, or using the handkerchief with one hand and warding off the advice of officious friends with the other. It is poor policy to think "it is only a cold and will wear off." Equally as foolish is the haphazard method of taking anything and everything recommended for a cold.

There are as definite indications for drugs in an acute catarrhal inflammation of the mucous membrane of the nose and throat as are found in any other morbid condition. There is also a distinct advantage in treating these tissues, as they are readily inspected, and drug action can be watched intelligently if even a moderate amount of time is taken for making an examination and studying conditions. In too many instances an examination is not made, but a stock prescription is given, frequently a nauseous mess composed of anywhere from five to twenty ingredients; the prescriber expecting some one of the group will wander through the human organism and afford relief. No wonder the manufacturer of compounds "for physician's use only" flourishes with such a condition prevalent. Neither is it surprising that so many persons patronize the patent medicine counter of the drug store.

It is very seldom the physician sees a case of acute rhinitis or pharyngitis in the early stage, or first stage of inflammation, the period of incubation being usually of but a few hours. The second or extravascular stage being oftenest encountered. As this is the



determining period of the type of inflammation, it is also clinically important to carefully study the condition, as the future comfort or discomfort of the patient will depend upon proper or improper treatment. If the third or terminative stage is that of resolution, the patient will fully recover, but if unfortunately there is a new formation of tissue or suppuration, there will be no end of trouble for both patient and physician.

In the early stages, not necessarily the first stage, but early in the second stage, aconite in small doses gtt. 1-10-1-5 every one or two hours, but after febrile symptoms have subsided the drug should not be employed.

Gelsemium.—This may be combined with the aconite in the early stages, especially when the weather is warm and depressing. Dose, gtt. 1-3 to ss.

Belladonna.—An acid, watery secretion, the alae and tip of the nose showing an erysipelatous redness, and general chilly sensations. Dose, gtt. 1-5 to 1-3.

Hamamelis dist.—A thin watery, non-excoriating discharge. The secretion almost constant. Dose, gtt. ss. to ij.

Liquor Potassii Arsenitis.—A thin watery, excoriating secretion. The alae and upper lip being especially affected. Dose, gtt. 1-3 to ss.

Hydrastis.—The secretion being moderately profuse and moderately thick, but not purulent. Dose, gtt. ss. to j.

Potassium Bichromate.—A tough, tenacious and stringy secretion. Dose, gr. 1-100 to 1-50.

Nux Vomica.—When the nasal passages are alternately open and closed, especially when the pharyngeal structures seem relaxed. Dose, gtt. 1-10 to 1-3.

Bryonia.—When there is pain on swallowing, especially if the pain extends from the throat to the ears. Dose, gtt. 1-3 to ss.

Cimicifuga.—When there is a bruised sensation of the pharyngeal muscles, the peculiar feeling of soreness as if the tissues had been pounded. Dose, gtt. 1-3 to ss.

Phytolacca.—The tonsillar tissues sore, or the mucous glands enlarged. Dose, gtt. ss. to ij.

Sticta.—With a "stuffy" sensation at the root of the nose and a more or less constant desire to blow the nose, little or no secretion being expelled. Dose, gtt. 1-6.

Collinsonia.—The voice husky, and a tickling sensation in the throat or larynx, causing cough. Dose, gtt. v. to xv.

Rhus Tox.—Nervous irritability, the tongue pointed, the tip and edges red and the papillae at the tip prominent. There is often a

nervous cough present which is aggravated on lying down or keeping quiet. Dose, gtt. 1-10.

The dosage given is the average for an adult, and with the understanding it should be given every one or two hours. Do not think it necessary to give four or five of these together, as usually two drugs and often one only will be all that is required.

Calx.—When the secretions are distinctly purulent, lime in some form should be administered, either lime water or the hepar sulph. of the Homeopathic pharmacy.

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### DISEASES OF THE NOSE.

*Disease of the accessory sinuses of the nose* is having more attention paid to it, and with our increased knowledge is more readily recognized; an absolute diagnosis usually requires the experience of the specialist and even preliminary operative measures, but the general practitioner may suspect it under the following conditions:

*The diagnosis of acute catarrhal sphenoiditis* is exceedingly difficult, hence this condition is frequently overlooked. With retention of secretion it will present pain behind the eyes radiating to the ears, photophobia, postnasal dropping rather in the median line of the pharynx—that from the ethmoid is more apt to drain along the lateral walls of the naso-pharynx. Sphenoiditis is suggested by periodical attacks of deep seated headache, reflected to the occiput or temple, with pressure behind the eyes and photophobia. Dizziness, if present, points to the sphenoid sinus; rarely to the frontal or ethmoid. The presence of polypi or granulations near the ostium indicates necrosis of the cells.

*Acute empyema of the sphenoid cells* is due to pathogenic infection, most commonly the pneumococcus; the predisposing causes are the syphilitic and the tubercular diatheses, the exanthemata, influenza, typhoid fever, acute nasopharyngeal catarrh and purulent inflammation of the posterior ethmoid cells.

The patient may complain of sudden pain in the top of the head, radiating to the front of the ear and side of the face on one or both sides, dizziness, rise of temperature, constipation, and sometimes nausea, vomiting and delirium; photophobia, and deep boring pain back of the eyes. A free flow of pus affords relief. The pain in the ear may resemble that of acute otitis media or tic douloureux.

In suspected cases of sphenoidal involvement irrigate the cells; if this relieves the diagnosis is established; but this may have to be repeated a number of times.

It should be borne in mind that the partition between the two sinuses may be incomplete; also that the external lateral wall of each sinus is very thin and bears on its internal face an eminence for the internal carotid artery, which at this point gives off its ophthalmic branch and just above divides into the anterior and middle cerebral arteries with the communicating branches which form part of the circle of Willis. Curetting, and even the probe or canula, might cause fatal hemorrhage if the wall should be especially weak there.

*Chronic empyema*, through dehiscences in or the thinness of the superior wall of the sphenoid cells, threatens brain abscess, retrobulbar optic neuritis, or anesthesia from involvement of the sphenopalatine ganglion.

*Catarrhal inflammation of the frontal sinus*, acute or chronic, may be suspected if there be unilateral or bilateral pain under or above the eyebrow which is aggravated on stooping, coughing or blowing the nose; yet this disease may run its course without any pain. Nasal speech is present, inspection shows more or less congestion of the nasal (and even of the conjunctival) mucosa and a discharge, more or less dense draining anteriorly down into the middle meatus.

In *acute purulent frontal sinusitis* the most frequent symptoms complained of are increasing pain in the frontal region sometimes radiating to the temple, ear and back of the eye, and maybe a stoppage of the nose. The pain is worse on motion and stooping; it is relieved by the (periodical) discharge from the sinus. There is tenderness upon percussion and pressure. There may be systemic disturbance. Inspection during partial drainage shows, in the early stage, a thick, tenacious mucus and later pus or muco-pus oozing from the anterior end of the middle turbinated body where it joins the outer wall of the nasal fossa.

In chronic purulent inflammation of the frontal sinus the symptoms are variable and frequently so obscure that the diagnosis but too often must be conjectural. The most important symptom is the discharge of pus from the region of the nasofrontal duct continuing for many weeks or months. There may be diffuse headache with heavy feeling or constant pain in the center or back part of the head (so also in chronic sphenoid trouble), but there is no fixed relation between the seat of the disease and the locality of the pain. In chronic frontal empyema there may be pain on pressure in the supra-orbital region, and the pain at the root of the nose may be aggravated upon stooping and by exposure to damp weather. Transillumination is very unsatisfactory.—*North Am. Journal of Homeopathy.*

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## THE COLLEGE OPENING.

The annual session opened Monday, September 16th, with a larger Freshman class than we have had for several years and the prospects for an increased number of matriculates is very encouraging.

The new class is made up of fine material and with their high educational qualifications, they will make a good showing for our cause when they go out into practice.

The new clinic at the Seton Hospital is growing daily and the students appreciate the advantages and are doing good work.

New students can enter not later than October 14th.

## WHERE ARE WE DRIFTING?

It is surprising to note the drift or trend of medical opinion from time to time. We are not an old physician by any means, yet we have been in the profession long enough to have witnessed some radical changes in professional ideas. When a student, Virchow's cellular pathology was taught, and one rarely or never heard of a microbe or the germ theory of disease. Now the pathogenic germ is sought for in all diseases, though not yet isolated, for even all the infectious diseases, and diseases are now classed as infectious that were not thought to have been such at that time. Serum therapy was not dreamed of and "therapeutic nihilism" unheard of.

With the advent of bacteriology and serum therapy, medical teaching has materially changed. Pathology and bacteriology have in a large measure displaced *materia medica*. Many diseases then thought to have been medical are now classed as surgical and surgery divides the time or attention with bacteriology. *Materia medica* has been eliminated from the curriculum of certain colleges and applicants before examining boards are not examined in this supposedly minor branch of medicine. The question naturally arises, has the pendulum swung to its limit or too far? We fancy it has gone to its limit, and it will be but a short time until therapeutics will again demand the attention that its importance deserves.

The people will take medicine. If it is not provided by the physician, the patent medicine vender supplies the want. We fancy it is not always the patent medicine vender either, but the so-called reputable pharmacist; he who seeks the physician's trade, who also supplies the public, reaching them through trade journals and various devices through the medium of the retail druggist.

Who is to blame? The doctor to a large extent. He prescribes many semi-proprietary medicines and recommends them to his patients.

This condition in the profession is probably in a measure responsible for the fancied "Therapeutic Nihilism" that exists.

The rapid strides of surgery have displaced to some extent the physician whose former success lay in the treatment of "Chronic Diseases." Whilst we are skeptical as to some of the claims made by the bold operator, we can not but admire his skill and can readily see the attraction there is in that that attracts the student to the surgical clinics, rather than to the medical. Yet surgery has its failures as well as has medicine, and often the operation is, so far as results are concerned, experimental and nugatory.

The decadence of the internist is in large measure his own fault, some of the causes for which we have enumerated. Probably the most palpable one, is his want of faith in his own medicines. Do you prescribe with certainty? Most assuredly, and so do all who study their cases carefully and prescribe in accordance with the action of the remedy upon the system. But, you say the *galenical* preparations have been dropped from the pharmacopoeia. Who dropped them? We have asked the question often and still waiting for a satisfactory reply. Representatives of the largest manufacturing drug business in this country tell me they are selling more of them than ever before. Hence, they must be used. Who is using them?

More changes have occurred. We can recall the spray playing over the field of operation in the babyhood days of aseptic surgery

and which is now replaced by the exercise of the most scrupulous cleanliness. We have seen Tuberculin brought to notice and some of the wild claims made for it and have seen many of them repudiated by its discoverer. We wonder sometimes whether we will yet live to see some of the claims made for bacteriology repudiated. Such a thing is possible and not at all improbable. Koch rudely jarred some of them on typhoid fever and cholera.

That the pendulum is on the backward swing we believe, and with the hope that we have not been too tiresome, we desire to quote from one of the latest works on medicine to support that position:

"The time when the physician can make a diagnosis and cease his interest in the treatment is past. One of two things will happen in the absence of interest or ability on the part of the physician. The faith of humanity in curative agents is remarkable, and when the desired end is not reached by the first physician, some other physician is called; and when he fails, the next resort is the charlatan and the proprietary and patent medicine.

"The prosperity of the irregular schools of various cults and sciences supposedly healing in character and the consumption by the people of millions of dollars' worth of useless proprietary medicines and patent drugs are to be attributed in a large degree to an indifferent application of therapeutic measures on the part of otherwise qualified medical men. A few great teachers of medicine have done an incalculable amount of harm by precept and example in their attitude toward therapeutics. Because they were or are unable to successfully treat disease they assume it can not be done. Thus therapeutic doubt, using the term therapeutics in the broad sense, has been in the past boasted of by men considered clever. Text-books on pediatrics are not without fault in encouraging careless practice, with necessarily an absence of favorable results, especially when they state that 'treatment is along supportive lines.' What constitutes 'supportive lines' in a given case? \* \* \* Or, again, perhaps it states that 'free stimulation' is necessary. Stimulation how, when, why, and by what means is what must be known, in order to achieve satisfactory results. 'Treatment according to the indications of the case' does not help a puzzled physician to any great extent."

There is more of the same kind of reading in the work from which this is quoted. This is enough to show which way the wind is blowing, and yet some weak-kneed Eclectics say our mission is ended. It is just begun. Verily a little leaven may ultimately leaven the whole lump.

MUNDY.

## THE THERAPEUTICS OF ACONITE.

Aconite is one of the most important medicines introduced into the practice of our school. It is an agent capable of great good in the hands of the cautious and careful therapist; and one capable of great harm if carelessly or thoughtlessly employed. In this paper we purpose to touch upon its therapy only in a general way. Its minor uses we shall ignore, believing it of more advantage to the student of medicines to acquire primarily a knowledge of its chief uses.

First of all, let us state that the weight of evidence from those who use aconite most frequently shows that aconite is a safe agent when used in the minute dose, and proportionately dangerous as the dose approaches that which yields its physiological action.

Primarily, aconite is a remedy in irritation of mucous membranes. It matters little whether it be of the nares preceding an attack of coryza, of the larynx, of the bronchiæ, or of the gastrointestinal tube, liable to lead on to inflammation of those tracts, aconite becomes an important agent in controlling the morbid process. Thus in simple gastric irritation with or without vomiting, in the irritative forms of diarrhoea—whether simple or of the more complicated forms of enteric inflammation, of cholera infantum, or of dysentery—it is an all-important remedy and is usually specifically indicated. In the diarrhoea of teething it has controlled the nervous symptoms and the discharges promptly. In that anomalous condition best described as non-febrile spinal irritation, aconite has been found a remedy of marked worth.

Aconite is without doubt the most frequently used remedy in fevers and inflammations. By some writers it has been called the "vegetable lancet"; by Webster, "the pulsatilla of the febrile state," and by Scudder the "child's sedative." Without question aconite is the most generally indicated remedy in the fevers of irritation so common to children—from overloading the stomach, from colds, and from the dental processes. True, most of the febricula subside quickly, within a few days, but they subside more quickly when assisted by the small dose of aconite. No remedy is more valued than aconite in the exanthemata, particularly in children, when the skin is hot and burning and the temperature is up. It favors the action of the skin in determining the eruption and thus lowers the temperature and prevents damage to the overwrought nervous system. Spasms in these affections are often averted by its timely use. In varicella it is seldom needed, but in variola, scarlatina and measles it is always productive of good. It is a mooted question whether

aconite should ever be employed in febrile conditions. Personally, and from observation of its action in the hands of others, we do not believe it ever contraindicated in the onset of fevers, and we have noted its use throughout the protracted fevers without detriment to the patient. While we have never observed untoward effects from the minute doses we used we feel that it is better to dispense with it altogether, than to recommend its use in the continued fevers of an adynamic type, lest some carelessly or perhaps boldly, push it in the larger doses to the detriment of the sick one. It will have been observed that in recent years physicians have come to learn that fever is not necessarily a dangerous process unless too high or too prolonged, and that it is really a beneficent process and one not to be interfered with too greatly. How often do we see light cases of fever after which the patients do not fully recover their health for a long period. On the contrary one who survives a severe fever is usually well thereafter. Hence we question the expediency of using aconite or any other febrifuge for a prolonged period in typhoid or other adynamic fevers. In gastritis, gastric fever, glandular fever, cerebro-spinal meningitis, acute pharyngitis, tonsillitis, acute coryza, acute laryngitis, spasmodic and mucous croup, acute bronchitis, early stages of pleurisy and pneumonia, erysipelas, dermatitis, some forms of mumps and peridental inflammation, it is a remedy of the greatest importance. It has a place in peritonitis and various inflammations of the abdominal viscera, in acute rheumatic fever it frequently controls temperature, pain and nervous unrest to the advantage of the patient. Due regard must be had for the heart when using it in this affection, for the heart is usually weakened and large doses are never permissible.

FELTER.

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[ To be Continued. ]

### AN ENJOYABLE VACATION.

Very often a doctor desires to send a patient away for a rest from business cares, but where to send is a question. Complete isolation as found in the hunting and fishing regions is not always advisable, as some diversion is necessary, and the sports of fishing or hunting may not appeal to the patient. A long sea voyage may be out of the question on account of business interests or expense. Then comes the question of recreation without much exertion, resting without becoming tired of the resting. Some diversion from the usual routine is required, for otherwise one overdoes in the sightseeing line, or having nothing to occupy the mind, reverts to the business care and consequently derives little or no benefit from the vacation.



The writer wished to get both diversion and rest; so planned a water trip, with intervals of sightseeing on land to break the monotony and give each successive view an interest that would otherwise have been monotonous. By rail and boat to Niagara Falls; then the gorge route to Lewiston, where the boat was taken for Ontario. There is a sense of repose when one is traveling by boat that is unknown in any other conveyance, and the expectancy of possibly seeing something out of the ordinary being always present, adds just enough interest to keep one on deck, if conditions are at all favorable. The eyes are rested, as one is usually looking at a distance, and a sense of relief to both nervous and physical systems is soon noticed.

A short stay at Toronto, then by steamer to the Thousand Islands, where another stop was made, and both by day and searchlight trip at night on the small boats plying between the various points of interest gave a pleasing variety. From this beautiful place, the boat was again boarded for the trip through the various rapids to Montreal. Unfortunately the high wind prevented our going through the last of the series, but the Galops and Nine Mile rapids were interesting, especially the latter.

The most interesting places to me at Montreal were the grounds and buildings of the McGill University, and the magnificent views from Mt. Royal, which is certainly a fine park. From Montreal to Quebec the trip is nearly all made after night but was up early enough to see the ill-fated Quebec bridge.

Quebec is a quaint town, at least the older portion of the city. A ride in a calash, with an old son of Erin as driver, took in all the points of interest in the city, and the driver furnished plenty of amusement as a side issue.

From Quebec to Charlottetown, Prince Edward Island, it was a constantly changing panorama. The quaint French fishing villages, the houses so white and the roofs so red made one think of toy villages. Many strange views were seen, and one peculiar to me, direction as to the location of some place inquired for, the answer would be so many acres away. This proved to represent what we would call a block. Heavy fogs rather marred part of the trip, as we could see but little of the shore at times.

At Pictou, Nova Scotia, we had our troubles with the railroad folder. We found by taking the train at seventeen o'clock we would get to Halifax at twenty-three ten. This was too near twenty-three, so left at fourteen forty-five and got to our destination at a less suggestive hour. The harbor of Halifax is certainly beautiful, and there are a number of points of interest. From Halifax to Digby by rail,

thence to St. John's, New Brunswick, by boat, where the reversible falls are located, and the difference between high and low tide is about forty-eight feet, were interesting.

Next by boat to Portland, Maine. It looked and felt good again to be on, as many of the Canadians call the United States, American soil. The harbor at Portland, in fact the entire Casco Bay region, is beautiful. A week's stay at Peak's Island was an enjoyable feature of the trip. Again by boat to Boston, thence to Norfolk, Va., viewing the historic places in and around Old Point Comfort, and after a short stay, by boat to Washington, when the comforts of boat traveling were abandoned, and the leisure journey home by rail was begun. Taking it all in all, it was a restful, diverting vacation, and at no time did one have the chance to become worried of the monotony of one special place.

FOLTZ.

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### CRATÆGUS OXYCANTHA.

This remedy has steadily grown in favor with our practitioners since its introduction to us, nine or ten years ago. The Irish physician who achieved a European reputation in the treatment of diseases of the heart, relied upon it almost exclusively, and his success was phenomenal. He persistently secreted the knowledge of its efficacy during his lifetime, and the profession was compelled to wait until his daughter gave the remedy to the world after his death. Even then, few members of the "regular" profession gave it any notice. It remained for Eclectics to take advantage of the situation and popularize it.

The discoverer apparently applied it indiscriminatingly to all cases of cardiac disease, but it probably has a specific function. Whether it is applicable to hydrops-pericardii is a question. It appears to be a general cardiac tonic, like cactus, but seems more capable than that remedy of correcting organic lesions. It therefore possesses a reputation in valvular and other endocardial troubles; in neuralgic and other painful states of the heart it has also been highly extolled. We still need observation of its effects in order to exactly place it where it belongs. I do not believe it equals calcium fluor. in endocarditis, either acute or chronic; nor that it compares with rhamnus cal. in sudden, excruciating pain in the cardiac region. Still, it is evidently worthy of trial in such cases. Every practitioner who is able to afford us any light on the subject should add his testimony to what is already known; and his testimony should not be influenced by what has already been written. What we need is candid expression of the result of personal experience.

While on a recent visit to Boston, the writer saw some fine specimens of *crataegus oxycantha* in the Botanical Gardens at that place. Evidently, the tree can not be difficult of propagation in this country and would be ornamental to the lawn of a physician's home. Many of our indigenous remedies might be at hand in native form, if we were to go to a little pains, and would afford satisfaction as objects of professional interest, if nothing more, while adding to the interest of surroundings.

WEBSTER.

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### STICTA PULMONARIA.

*Sticta Pulmonaria* is prepared from the lichen known as lung-wort, which grows freely in the United States, especially in the north-western part. The remedy is administered in doses of from 1-10 of a minim to five minims. However a small dose is usually sufficient. If twenty drops of the specific medicine be added to four ounces of water and given in dram doses the characteristic effects of the remedy will result.

It is indicated in any disease within the chest which is accompanied with short, shooting pains beneath the scapula, or with pain and soreness in the shoulders or pain extending from the occiput down through the shoulder blades. It is useful in irritable coughs, especially that form of cough which is short, sharp and hacking in character, and which prevails in the early part of the year. It is thus found valuable in the treatment of many forms of subacute or chronic bronchitis, especially if, with the cough, there is tightness of breathing or wheezing suggestive of asthma.

It is beneficial also in certain forms of nasal catarrh and has been used in whooping cough, and croupous cough; in soreness or dull pain in the chest or in the extremities, or pain in the expiratory muscles, which is increased by deep breathing.

There is a form of pain in the occiput of doubtful origin, often attributed to neuralgia or rheumatic causes, which at times is due to irritation at the base of the brain, which will be relieved by this remedy. In any form of rheumatism which involves the shoulders or muscles of the chest, this remedy can be given with advantage.

That form of nasal catarrh in which there is a dull, tearing headache, with severe pain through the eyes or through the face or head, just below the eyes, involving the post-nasal structures, with pressure at the root of the nose accompanied with sneezing and watery eyes, is relieved by this remedy. In its specific field the remedy is prompt and reliable and almost invariably gives satisfaction.

ELLINGWOOD.

**FAITH IN MEDICINE.**

"Without faith it is impossible to please God," says the good book. And without faith in medicine it is impossible to make much success in the practice of medicine. Some of our best physicians are beginning to think there is a big crop of medical nihilists growing up amongst medical men. Is there any ground for this fear? We think there is. You can not read current medical literature without this thought coming home to you. But don't be so hard. I remember the time when I would take a remedy in my hand, and would soliloquize thusly: Is it possible for this substance to bring back color to the faded cheek, luster to the dim eye, and strength to the weakened limbs? But my doubts have long since gone. Because I have found that medicines wisely applied, will do these things. Success in the use of medicines has given me wonderful confidence in them. So that many times I place myself in this position. The patient looks with such anxiety at you, as he says, Do you think this medicine will help me? I reply, No, I don't *think* it will help you; then after a pause, I say, I know it will. What courage this puts into the patient! If you say I hope, or I think it will help, how different. The patient is left in a negative condition. But if after studying his case, you can speak as above, it changes his condition and they are bound to be helped. Moral: Have Faith. Then inject some of your own faith into your patient.

FEARN.

**THE CALIFORNIA ECLECTIC MEDICAL COLLEGE.**

By mutual agreement the California Eclectic Medical College of San Francisco has been taken over by the Los Angeles Eclectic Polyclinic and will reopen in Los Angeles on October 7.

Friends of the institution will undoubtedly be glad to learn that the College has not fallen into a permanent slumber of innocuous desuetude, but took only a brief sleep after being put out of commission by the great earthquake and fire of one year ago, and has awakened to a new life of prosperity and usefulness.

Such action was under consideration for some time, but nothing was determined until recently; and until the question was definitely settled, preparations for the change could not be made. This delay puts the date of starting a little late, but the difference will be made up at the other end; and, now that the question is settled, work has begun and will go right along to get the College ready to do business. We think we have the facilities and know that we have the good will and support of Eclectics both in and out of the state, and believe that success is assured.

The faculty will consist of tried local men, but will also include some members of the old faculty as well as some prominent and promising young men from the east, who have expressed their intention to be with us. The time is short in which to prepare for the work of the College year, but we know the characteristic energy of the Californian, and everybody interested will get busy at once and the work be put in shape for the new term, as will appear later in the published announcement. We already know of several students who will attend, and expect a good class as a beginning.

Now that the hand has been put to the plow there will be no turning back; and the aim will be to constantly improve and enlarge its efficiency until it is equal to the best. It is a great undertaking, to be sure, but our aim is high and our purpose strong to build up an institution, if our plans do not miscarry, that will be a great credit to California and an honor to Eclecticism.

J. A. MUNK, Dean, Los Angeles, Cal.

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#### **SETON HOSPITAL TRAINING SCHOOL FOR NURSES.**

This school is established to give a three years' course of training to young women desirous of becoming professional nurses.

The Training School will be under the direct control of the Sisters.

The course of instruction shall occupy a period of three years. Pupils who complete the course with credit and pass a prescribed examination will receive a diploma under the Seal of the Hospital.

The requirements for admission to the School are: good moral character, sound health, proper age—between twenty and thirty-two. Pupils must give satisfactory evidence of a good education; they must also prove their mental and physical ability for the duties of a trained nurse.

Pupils shall serve six months on probation, during which time they shall receive board and lodging, but no allowance, and may be dismissed if not satisfactory, or leave the School if they so desire.

When enrolled as Junior Nurses, Pupils will be allowed \$7.00 per month. This is in no wise intended as wages; the training received being equivalent for services rendered.

Nurses are required as soon as accepted to wear the uniform of the School.

The uniform consists of Blue Gingham dress, white apron, linen collar and white cuffs; later, a white cap.

The day nurses shall be on duty from 7:30 a. m. to 7:30 p. m. One half day is allowed each week and a vacation of two weeks each year is insisted upon.

In illness all pupils will be cared for gratuitously, but time so lost must be made up at the end of term. There shall be a deduction from allowance for all time lost by illness or leave of absence.

Address SISTERS OF CHARITY, 618 W. Sixth St., Cincinnati. O.

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### OBITUARY.

Dr. Timothy Willis Miles, for the last 25 years a practicing physician of Denver and a member of the State Board of Medical Examiners, died Sept. 8, 1907, at 11:30 o'clock, in his home, 1544 Franklin avenue, after an illness of two weeks with typhoid fever. Dr. Miles was 58 years of age. His constitution had been completely shattered by a late illness of cholera morbus, which left him most susceptible to the attack of typhoid fever and his depleted strength could not withstand the disease.

Dr. Miles was born in Cleveland, Ohio, in 1849. He was graduated from Eclectic Medical Institute of Cincinnati, with the class of 1875. Coming to Denver in 1882, he engaged in the practice of his profession here, from that time until his death. He was secretary of the Colorado Eclectic Medical Association and second vice president of the National Eclectic Medical Association for a number of years. Dr. Miles was a member of the Sons of the Revolution, of the Knights of Pythias, of the Woodmen and of the Independent Order of Odd Fellows. He was closely identified with the Central Christian church, to which he had served as a deacon and an elder. His wife, Mrs. Cornelia Scudder Miles, is the principal of the Ebert school of Denver and a cousin of Dr. J. K. Scudder.

Dr. Miles is survived by a widow and a son, Robert, 19 years of age.

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Died, Baldwin Watkins, September 14th, at Blanchester, Ohio, age 24 years. Mr. Watkins was the eldest son of Prof. and Mrs. Lyman Watkins. He leaves a wife but no children.

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### NOTES ON THE NATIONAL.

Dr. Perce has appointed the following permanent committee, to be known as the Council on Medical Education. Chairman, Dr. E. H. Stevenson, Ft. Smith, Ark. Secy. Dr. W. N. Mundy, Forest, Ohio. members, Dr. J. A. Munk, Los Angeles, Cal.; P. E. Howes, Boston, Mass.; E. B. Shewman, Waymansville, Ind.

We trust that the new committee will enter into their work energetically and accomplish something within a year and present a report to the National at Kansas City next June for consideration.

# HEADACHE



That form of headache known as **Migraine** is conceded by most physicians to be due to **autotoxemia**, and may be treated in a rational and effective manner by the administration of a single dose of

## **AKARALGIA**

(Granular Effervescent Sodium Salicylate Compound)

Just one dose of this effervescent salt each morning, before eating, assures your patient **freedom from the suffering** which otherwise may, at any time, be expected by the chronic migraine victim.

No other plan of treatment will do this.

## **AKARALGIA**

consists of no habit-forming drugs, and if given for a sufficient length of time, a cure may be anticipated in a reasonable percentage of cases treated.

Send for a reprint of Dr. Rachford's article; contains complete formula.

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## Fluid Extracts

### AND

## Normal Tinctures

### The Highest Type of Fluid Medicines.

*Because* in their manufacture we recognize the fact that the therapeutic value of many drugs depends upon constituents that are volatilized, easily oxidized, decomposed, or rendered insoluble by the ordinary process of drying or by long or imperfect storage—

*Because* in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

*Because* the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

*Because* of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

*Because* the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. Noxton, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

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FOR DISCRIMINATING PHYSICIANS.

New York

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San Francisco



# THE ECLECTIC EWS

## A MONTHLY NEWSPAPER

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VOL. XII.

OCTOBER, 1907.

No. 10.

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### BOOK NOTICES.

**Treatment of the Diseases of Children.** By Chas. G. Kerley, M.D.  
Professor of Diseases of Children in New York Polyclinic Medical  
School and Hospital. 597 pages octavo, illustrated. Philadelphia:  
W. B. Saunders Co. Cloth, \$5.00 net.

It is indeed encouraging and refreshing for the general practitioner, in this day of therapeutic doubt and unbelief, to read a book devoted, as this one is, to the treatment of disease. The author in the preface says: "The possibilities of therapeutic measures in the treatment of children have greatly increased during the past decade." Turning to the chapter, "Therapeutics in Children," we read: "Successful therapy in children involves an understanding, a knowledge of detail, greater perhaps than in any other line of medical work. It not infrequently is an absence of such knowledge on the part of the medical men which explains a great deal of the therapeutic doubt existing at the present time. Therapeutic nihilism, as far as pediatrics is concerned, means ignorance and incompetency."

There are more clauses of the same character in the opening chapter of this book, which are certainly refreshing reading to a therapist who has faith in his remedies.

The work, as its title indicates, is devoted to the treatment of diseases of children, and it is true to its title, but very little space being devoted to either diagnosis or pathology—in fact no more than is absolutely necessary. Drugs and their application are not only considered, but hygienic and dietetic measures as well, the employment of which intelligently materially aids the therapeutic measures employed. The author believes that an intelligent motherhood materially aids the physician, and to assist in the production of such a motherhood urges them to inform themselves upon the problems associated with the care of the young by the use of appropriate literature.

In the chapter devoted to "Nutrition and Growth," Feeding is considered at some length in a plain, practical manner, and seemingly

every phase of this, at times very difficult problem, is touched upon. The treatment of gastro-enteric diseases embraces about sixty pages. Dietetic and hygienic measures are dwelt upon at great length ; and while it must be admitted that drugs without an intelligent use of these measures are nugatory, yet an internist is surprised at the dearth of drugs used. Lavage, irrigation, bismuth subnitrate, calomel, nux, morphia or Dover powder, strophanthus and stimulants comprise the list. This same condition, and it seems to us a just criticism, is noticeable throughout the work. In the treatment of bronchitis we read : "The value of drugs in the management of this disease has been considerably overrated, and they are mentioned last because they are the least important of the remedial measures referred to." The measures referred to are diet, steam inhalations, and counter-irritation, the latter consisting of mustard and flour, being practically the mush jacket. The drugs used are : castor oil, syrup of ipecac, tartar emetic, and ammonium chlorid. The treatment of broncho-pneumonia and lobar pneumonia is practically the same. Expectorants, so far as our personal experience goes, have but little place in the treatment of the acute diseases of the respiratory passages. We are positive we have seen harm result from their use ; and opiates occupy a still minor position, not only in respiratory diseases, but in gastro-intestinal diseases as well. We possess better remedies, and the mush jacket is positively harmful save only in the hands of an intelligent, pains taking nurse. The same disease frequently presents a wide range of symptoms in different individuals, hence remedies must differ in accord with the difference in symptomatology. In other words, disease is not an entity to be driven from the system by one and the same drug.

The hygienic and dietetic management of every class of disease—in fact every disease—is complete. Especially does this hold true of "Acute Infectious Diseases," "Temperature in Children." "Instructions for the Summer." "Therapeutic Measures," and "Gymnastic Therapeutics," comprise the last three chapters of the book. All these are interesting, and especially does this apply to the last mentioned chapter. One thing that strikes the reader forcibly is, the book is written from a personal experience, the personal pronoun "I" frequently appearing in connection with the therapeutic measures advised. This enhances the value of the book, the personality of the author standing out strongly on every page. We are pleased with this book, and know that we shall refer to it many times in our daily work. We consider it one of the most valuable additions to pediatric literature that has appeared for some time.

W. N. M.

## **"SPECIFIC MEDICATION AND SPECIFIC MEDICINES."**

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows :

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no SPECIFICS *for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

LLOYD BROTHERS,

CINCINNATI, OHIO.

JANUARY, 1907

## S U M M E R R E M E D I E S

### GLYCONDA.

Among the Eclectic remedies best established for derangements of the stomach and bowels, is to be numbered Beach's Neutralizing Cordial.

The remedial agents constituting this cordial have, during a period approaching a century of time, maintained themselves so positively, as now to be considered a therapeutic unit to which drug additions are superfluous, and from which no drug can be taken without disturbing its therapeutic equilibrium.

The Eclectic Fathers, in the beginning of Eclecticism, gave to this remedy their approval and Eclectic practitioners to-day class it as one of their most important remedies. But in one direction it is pharmaceutically objectionable, and in a therapeutic view, by reason of the same pharmacal incongruity, it is illogical. This is because one of its non-medicinal constituents is useless, and at times even harmful, in affections for which its true drug constituents were selected.

This deleterious substance is sugar, which overloads the preparation and which not only induces saccharine fermentation in the stomach and bowels but antagonizes its remedial associates, becoming a disturber, and worse than useless. It not only counteracts the drug influences, and generates fermentative processes, but makes it necessary to give such large doses in order to get an equivalent of medicine, as to make the Cordial to many persons an impossible remedy.

About two years ago, a Committee was appointed by the New York Specific Medicine Club, Dr. Wm. L. Heeve, Chairman, the object being the displacement of sugar in the old style Beach's Cordial, and the retention of the original drugs. A number of experiments, some in large quantities, finally established that the formula to which the trade term GLYCONDA is affixed, is pharmaceutically perfect, and therapeutically satisfactory.

**QUALITIES.**—1ST. Each minim of GLYCONDA carries the full amount of drug constituents of a like amount of Beach's Concentrated Neutralizing Cordial.

2ND. It is effective in less than the dose of the old form Beach's Cordial, because no ill effect of sugar has to be overcome.

3RD. To most persons it is grateful, by reason of the pleasant flavor and warming qualities.

4TH. It is pleasant to the taste and does not nauseate.

5TH. It will neither ferment nor freeze.

6TH. It carries no added sugar, and produces no saccharine fermentation in the stomach or bowels.

PRICE: 8 Ounce Bottle,.....	\$0.35
Pint Bottle, .....	0.60
Quart Bottle,.....	1.10
Gallon, .....	4.00

GLYCONDA is now being stocked by jobbing druggists, and will be supplied in original bottles by every jobber in America.

**A Manual of Clinical Diagnosis by Microscopical and Chemical Methods.** By Charles E. Simon, M. D. Sixth edition, revised. Octavo, 682 pages, with 177 engravings and 24 colored plates. Cloth, \$4.00 net. Lea Brothers & Co., Philadelphia.

This is a most thorough and detailed work on the subject, written carefully and methodically. One hundred and ninety-seven pages are devoted to the blood and its chemical and microscopical examination. This subject covers a wide field of valuable information. The examination, together with the bacteriology and animal parasitology of the feces, is interesting and instructive. The examination of the secretions and special diseases of the mouth, the gastric juices and gastric contents, and their chemical and microscopical examination is clear and concise.

In the seventh chapter the author enters into an elaborate treatise on the urine, covering its general characteristics, chemical and microscopical examination. This subject covers two hundred and twenty-eight pages of what is probably the ablest and most scientific treatise published on this subject.

The subject of Transudates and Exudates, and the Cerebro-spinal Fluid, is very comprehensive and is practically presented. This is followed by the examination of the cystic contents of the ovaries and their appendages, the semen, vaginal discharges, and a chapter on the human milk, all of which are dealt with in a most satisfactory manner.

In the new chapter on Opsonins, the author has very minutely explained the main facts of the theory and technique of the subject.

This, with the appendix, concludes a broad, clear, scientific work, systematically arranged and thoroughly up to date. We take pleasure in recommending it.

J. C. E.

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**Materia Medica and Pharmacy.** By R. W. Wilcox, M. D. Seventh edition, revised. P. Blakiston's Son & Co., Philadelphia. Price, \$2.50 net.

In this revision every effort has been made toward condensation, so far as is compatible with clearness. The list of therapeutic agents is divided into two main parts—Inorganic and Organic *Materia Medica*, and the general classification adopted is based upon the grouping of the articles according to the chemical or physiological division to which they belong.

After fifty pages of pharmacy, processes, weights, measures, symbols, preparation, doses, prescribing, etc., comes Part I, *Inorganic Materia Medica*, with two divisions—the Metals and Non-Metals—each of which is subdivided into groups.

Part II, *Organic Materia Medica*, contains three divisions, each subdivided into groups. The first division treats of the synthetics and allied drugs; the second, of drugs of vegetable origin; and the third, of drugs of animal origin. The several groups in each division are based upon the action of the drugs therein described. In some cases several classes are formed.

Altogether, the classification, etc., are the best with which we are familiar, and this book, with its companion volume by the same author, *Pharmacology and Therapeutics*, constitute the best work on the subject for practical purposes now extant. W. E. B.

**Specific Cures.** By I. E. Layton, M. D., Springfield, Mo. 50 pp.; price, \$1.00.

This little brochure of fifty pages contains the essence of Dr. Layton's practice. He gives here, boiled down, condensed and concentrated, the valuable facts from thirty-five years' experience. L. W.

**Diseases of the Rectum; their Consequences and non-surgical Treatment.** By W. C. Brinkerhoff, M. D., Chicago, Ill. Price \$2.00.

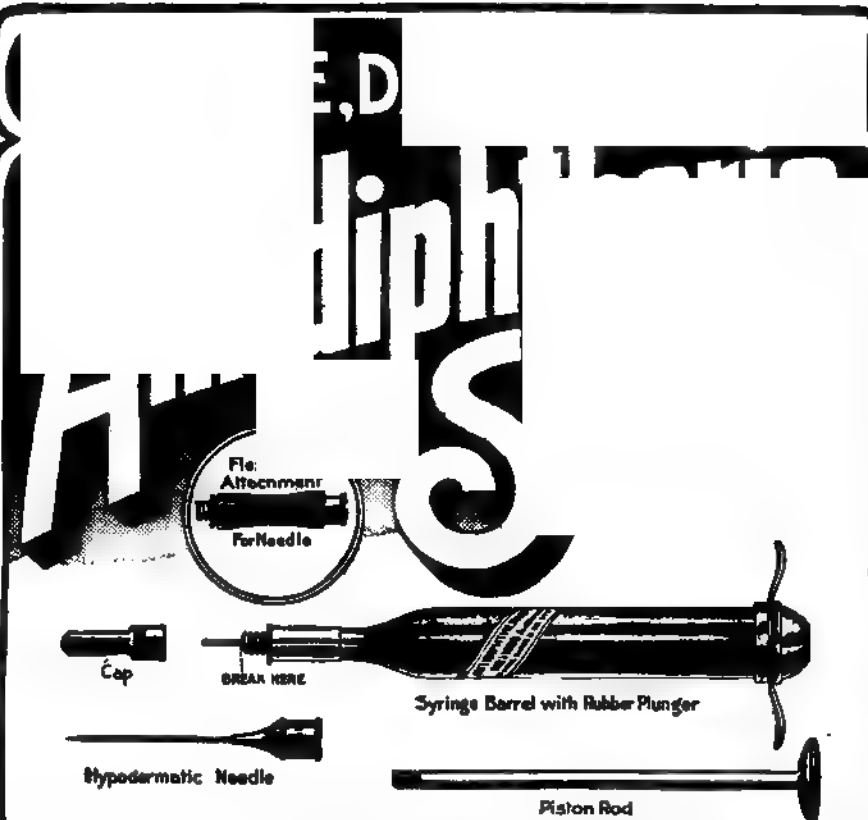
This is a full exposition of the "Brinkerhoff System." The writer urges the injection method for the treatment of hemorrhoids, reports many cases in detail, and fully describes technique. L. W.

**Diseases of the Liver, Pancreas, and Ductless Glands.** By A. I. Blackwood, M. D. 200 pages, cloth, \$1.25. Boericke & Tafel, Philadelphia.

The author presents a "concise discussion of the diseases of these important organs, adapted to the needs of busy practitioners and students." The treatment suggested is along homeopathic lines. The work is to be commended inasmuch as true homeopathy is strictly adhered to, and the remedies suggested are not a hodge-podge of 'old school, new school, and no school. L. W.

**Psychology Applied to Medicine.—Introductory Studies.** By David W. Wells, M. D. Illustrated, nearly 200 pages, with Bibliography and Index. 12mo, cloth, \$1.50 net.

The author attempts to "bridge a gap between psychology and medicine," and it must be admitted that he succeeds very well. The work is adapted to the capacity of the general practitioner who may not be ultra scientific, and aside from its practical usefulness, is very interesting, especially on the subjects of hypnotism, mental suggestion, and animal magnetism. L. W.



## **AN ANTITOXIN OF PROVED RELIABILITY.**

Parke, Davis & Co.'s Antidiphtheric Serum is rigidly tested, bacteriologically and physiologically. It is supplied in a container that is hermetically glass-sealed at both ends, effectually preventing contamination. You can specify it with full assurance of its purity, potency and uniformity.

Bulbs of 500, 1000, 2000, 3000 and 4000 units.

Piston-syringe container, with flexible needle connection.

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ADDED 15 GRAINS EACH OF PURE  
CHLORAL HYDRATE AND PURIFIED  
BROM. POT.; AND  $\frac{1}{8}$  GRAIN EACH OF  
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THIRTY YEARS IN EVERY COUNTRY IN  
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**Materia Medica and Clinical Therapeutics.** By F. J. Peterson, M. D., California. 12mo, 400 pages, cloth, \$3.00. The Scudder Brothers Co., Cincinnati, O.

This is rather a unique book. The first part treats of prescribing remedies principally for their specific indications. The second part prescribes remedies according to their homeopathic provings. I think this second part will tend to liberalize and remove prejudice from the minds of many with regard to homeopathy. In my judgment this double-barreled book might have been better arranged. Yet the book is full of good suggestions, and proves that any way the doctor has his materia medica well in hand; and, judged by his knowledge of remedies, the doctor must be a successful physician. Hence I will advise my friends to purchase the book.

J. F.

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## COLLEGE AND SOCIETY NOTICES.

### **National Association Bulletin for October.**

It is very necessary for the success of the coming year's work, that each State society, and particularly the officers, co-operate with the officers of the Association.

Last year much time and effort were expended, and a very incomplete list of State society executive officers was compiled. We trust that by acting early this year, we may secure a complete list of the Presidents and Secretaries of every auxiliary society. We therefore take advantage of this opportunity to lay before all the necessity of promptly sending to the National Secretary the names and correct addresses of these officers. Do it now. Do not wait for personal appeals.

Much personal correspondence will be necessary for carrying out the plans for the work outlined, and we trust we may have the hearty co-operation, prompt and cheerful replies to our letters, and that each and every one will avail himself of this opportunity of doing his share of the work ahead.

From time to time it will be the purpose of these bulletins and our personal appeals, to set forth the absolute necessity for prompt and active work everywhere by every society and also by individual members. Begin now to aid us. Send your address; send the names of officers and their addresses, as above mentioned. Get ready to do the work assigned you. Do not lay letters aside, thinking they are of little import. Wake up; get the spirit of aggressive action. We must not lie supinely on our backs until our enemy has bound us hand and foot.

New tactics on the part of the dominant system of medicine require us to renew our energies for our own good. Our rights as American citizens, our privileges vouchsafed to us by common law, will ultimately be overthrown, if we will stand idly by and permit it.

We call attention to the resolutions passed at our National Convention, which set forth some of the reasons why it is necessary for us to awaken and get to work. Very fraternally,

WM. P. BEST, Secretary, Indianapolis, Ind.

**Texas Meeting.**

The twenty-fourth annual session of the Texas Eclectic Medical Association will be held at Dallas, October 23 and 24. The meeting will be held in the Commercial Club rooms, with headquarters at St. George Hotel. Dr. J. A. Lanius, of Bonham, is President, and he is very anxious to have a good meeting.

He writes that the Eclectics of his State have not been quite so energetic since 1901, when they secured the separate board bill and Eclectic board in their State. Many of their members were lukewarm until last fall and winter since the proposed single board bill finally passed the Legislature. Our men, however, secured a clause providing that at no time should any one school of medicine have a majority membership on the board. This is a saving clause, although it remains to be seen how well the new board acts toward the liberal schools.

As noted in the last issue of the Journal, Dr. M. E. Daniel, of Honey Grove, is President of the Board, and Dr. J. P. Rice, of San Antonio, is the other Eclectic member, and we shall look to them to see after the interests of our school. The writer expects to attend the meeting, and trusts that it will be an eventful occasion. Programs can be secured from the Secretary, Dr. L. S. Downs, Galveston. J. K. S.

The next quarterly meeting of the North-Western Ohio Eclectic Medical Association will be held in the parlors of the Hotel Russell, Bluffton, Ohio, on Tuesday, October 8, 1907, commencing at 10:30 A. M. All members are requested, and all other physicians are invited, to attend this meeting.

This will be the first time we meet at Bluffton. Dr. Sutter, the live Eclectic of that place, informs us that Bluffton lies half way between Lima and Findlay, Ohio, and can be reached from either of the above places every hour over the Western Ohio Interurban Railroad. Bluffton besides has also two steam roads—the L. E. and W. and North-western Ohio—and many public roads. Professor Bloyer has given his consent to be with us. Doctor, do not fail to attend.

P. D. BIXEL, Secretary.

C. E. STADLER, President.

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## PERSONALS.

**OBITUARY.**

William L. Albright, E. M. I. '91, died at Allegan, Mich., July 6, following an operation for appendicitis. Age 39.

Alexander W. Swain, E. M. I. '69, at Middleport, O., July 4. Age 79.

James Turpiu, E. M. I. '82, at Rockport, Ind., July 22. Dr. Turpin died at the advanced age of 82.

Leonard S. Taylor, Bennett, '91, at Elgin, Ill., August 5, from septicemia.

Dr. P. H. O'Hara passed the Ohio Board examination in June, and is now located at Lewisburg, O.

Van I. Allen, E. M. I. 1907, passed the Iowa Board in July. He may locate in Ohio at Creston, or Reciprocity.

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## **The McMILLEN SANITARIUM FOR MENTAL DISEASES.**

**NEAR COLUMBUS, OHIO.**

**Telephone 4406**

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***Alcoholic, Morphine, Chloral  
and Cocaine Habits Treated.***

***All Classes of Insanity Admitted.***

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**The Columbus, New Albany and Johnstown Street Cars to Door.**

The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full and ask for rates and circular.

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**Address, Shepard, Ohio.**

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## **Cleveland Homeopathic Medical College.**

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## SIX LEADERS.

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### Massy Galvanic Faradic Cautery Cabinet.

Weights 400 pounds, stands 6 feet high, fire burnt, 12 inch graphite rheostat controller, automatic rheotome and the heaviest and best coil made, shunt milliamperemeter, 0-30, 0-1500, and volt meter can be added. This is Massey's own cabinet.

### The Betz Roller Cabinet.

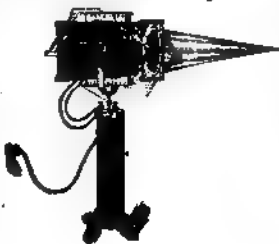
On iron legs with glass table, fire-burnt graphite rheostat, rheotome, double singing vibrating coil, shunt milliamperemeter, 0-20, 0-400, for cells 110 or 220 volt direct current, or with the rectifier can be used on the alternating current. Price only \$45.



### The Betz Galvanic and Faradic Wall Plate.

Same as above, only \$37.50.

Send for our great special battery offer—never equaled before.



### Helios Arc Lamp

For 110 volt, 20 amperes. Complete with red or blue screens, for treating the skin and other troubles. Send for special scientific literature on the new lamp.

### The Little Giant Lamp.

Equal to any 500 C. P. ever made or sold at any price. Only \$5.75. With violet ray lamp as used by Prof. Minin only \$6.50.



### THE BETZ QUAD.

Not the cheap affair offered by our competitors but a scientific device. Use one lamp or four, as all have independent switches. Price \$33.

**FRANK S. BETZ CO., Hammond, Ind.**

Dr. A. C. Jenner, E. M. I. '07, in addition to passing the Tennessee Board in 1896, is located now in Bokchito, Indian Territory.

In addition to passing the Ohio Board, Dr. W. B. Hartwig, E. M. I. '07, has passed the West Virginia Board with a high average, and is located now at Uniontown, W. Va.

Dr. W. C. Squier, E. M. I. '07, passed the Indiana State Board, and is now located in partnership with Dr. D. L. Hudson, E. M. I. '54, at 108 South Hart street, Princeton, Ind.

Dr. P. H. Stockfleth, E. M. I. '05, passed the Missouri Board June 15, 1906, and the Medical Board of Indian Territory on Jan. 24, 1907. He is now located at 4,708 Michigan avenue, St. Louis, and is doing well.

Dr. Jesse J. Saxton, E. M. I. '07, passed the Regular Board of Medical Examiners of Florida with an average of 90 per cent, and is now in partnership with his father at Tampa, Florida, and is doing well.

Dr. Edward J. Buten, E. M. I. '97, in addition to passing the Ohio Board, has passed the Kentucky Board, and is located at 23 West 11th street, Newport, Ky. This latter examination was very severe, nineteen applicants out of forty-eight failing.

Dr. J. L. Payne has removed to 918 West 8th street, tel. west, 1146, Cincinnati. He has also opened an office at his residence on Price Hill, tel. west, 471 x. Dr. Payne is prepared to make microscopic examinations of all kinds, and can be addressed at his office.

Dr. M. H. Hennel, E. M. I. '91, of Coshocton, O., after passing the Eclectic Board in Georgia, concluded to try the Regular Board in North Carolina. He passed successfully, and on November 1, will locate at Ashville. This is a beautiful city of 20,000—70 physicians—and he solicits the support of his Eclectic friends from Ohio and elsewhere.

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## Original Communications.

### HOW REMEDIES ACT ON THE SKIN.

By George E. Dash, M. D., New Albany, Ind.

We must consider the skin as a separate organ, performing its stated functions as does any other organ of the body in a sense independent, yet very closely connected to all other structures. The action of remedial agents upon it is exceedingly interesting for two reasons: first, the entire organ is capable of visual and tactile observation which is not the case with such internal organs as the liver, stomach, etc., and the results of the administration of agents can be more accurately noted; and second, the remedies may be *directly* applied.

Remedial agents may influence the skin from within and from without; they may be administered by way of the mouth and exert their influence on the skin after being absorbed into the general circulation, or they may be applied directly to the skin and exert their influence without the secondary changes which necessarily take place in the passage of the agent through the stomach, blood, etc.

A study of either mode of application is almost unlimited and is exceedingly interesting, partly because of its being an untrodden path, to the eclectic; and in this short paper we merely wish to encourage further investigation by giving a brief outline of how remedies, administered internally, act on the skin.

First, remedies act on the skin secondarily after having expended their primary action on one of three systems each directly in contact, and in physiological connection with it, viz., the nervous system, the blood and the lymphatics. Thus they act through the medium of the nervous system. *Rhus toxicodendron* exerts its action after having influenced the terminal nerves in the skin. Phosphorus and the phosphides, by their action on the nervous system, relieve the cutaneous manifestations of herpes zoster, etc.

Agents which influence the skin through the medium of the blood

may do so in two ways: first, by a vaso-motor influence, for example, the vaso-constriction of belladonna and atropine, or by a direct action on the blood changing it in quality or quantity, as example, berberis and dulcamara. The mode of action of arsenic is most probably on the nervous system in the same manner as are exerted the poisonous activities of lead, copper, mercury and zinc.

Again, remedies may act on the skin through the lymphatic system. In this manner we can explain the relief afforded in eczema by the administration of phytolacca decandra, and the manner in which many skin diseases, intractable by other treatment, yield under the influence of iris versicolor.

More specifically, we have remedies whose action is entirely selective, acting on the skin primarily. Of these we may note jaborandi, which acts on the sudoriferous glands and on the hair (or are its effects due to a vaso-dilation?) and sulphur, which, especially in combination with calcium, exerts an almost specific action on the sebaceous glandular system.

Lastly, we influence the skin by agents which act vicariously on the other excretory organs, kidneys and bowels. Of the agents which act in this manner, on the kidneys, potassium acetate heads the list. This remedy was thought at one time to be the *star* in skin diseases, Dr. J. M. Scudder having once said that "when a skin disease comes to you for treatment your hand almost instinctively goes to the potassium acetate bottle."

#### RECAPITULATION.

Remedies act on the skin:

- (1) Generally, through nerves, blood and lymph,
- (2) Specifically, on structures of the skin,
- (3) Indirectly, on the kidneys, stomach, bowels, etc.

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### TO BUY OR NOT TO BUY AN X-RAY MACHINE.

By W. B. Church, M. D., Cincinnati, O.

The first cost of X-ray apparatus, while not prohibitive, is sufficient to restrict to some extent its general use; but so keen is the desire for better resources in combatting sickness, that the price will not stand in the way if it is shown to be a really important addition to a doctor's equipment. We have had the enthusiastic reception and the inevitable reaction, extravagant claims, and emphatic denials. We have learned in all such matters to accept the assertions of neither party to the controversy. If anything in medicine or surgery has real merit, it is sooner or later to be assigned its proper place. If without,



it will eventually be relegated to the junk pile, no matter how imposing its appearance. A large number of the machines are in the hands of able and ambitious physicians and being put to the crucial test of experience from which all knowledge comes. Already somewhat more conservative statements are appearing in current medical literature, and such reports as are inherently improbable and impossible offend the eye less frequently. Like any other embodiment of energy it must be capable of both good and evil, according to the intelligence directing it. It is important to extend inquiry and investigation.

Just at present the harm it can do seems to be more in evidence than the good.

When we consider the large number of highly educated physicians using the X-Ray machine, it is a distinct disappointment to find the place it is entitled to so far from adjudication. Some recent indications are, however, hopeful. There is a reaction from the extravagant claims and impossible cures published a few years ago, and fairly candid and conservative attempts to define its field of usefulness. More sane guesses are ventured as to the way it influences vital processes, and particularly those of metabolism. It is assumed that its power to affect diseased conditions arises therefrom. The primary effect is upon the cells of an organism. There is abundant proof that its influence is destructive. The effect is specially on bone, marrow, spleen and lymphatics, consequently contraindicated in all conditions which depend on the integrity of the blood making organs for any hope of cure. Anemias of every kind, more especially pernicious anemia, may not be exposed to the X-Rays; a single treatment might precipitate a fatal result.

The advocates of X-Ray treatment, whenever compelled to modify any claims for it, generally fall back upon lupus and epithelioma of the skin. Here, at least, they maintain its triumphs are unquestioned. It would be captious and manifestly unfair to withhold acknowledgment of its efficacy in curing these tubercular and malignant skin troubles. It apparently does this just as caustics do by destroying the living cells of which they are composed. Whether destroyed by X-Ray energy or caustic, it is necessary to limit destruction, in the former case by metal severns impervious to the rays, in the latter by neutralizing chemicals. The verdict is that for these skin diseases the X-Ray is effective, but all things considered it is more satisfactory to treat them with caustics. This statement will probably not be accepted by X-Ray specialists, and may surprise physicians who have not learned to use fused potassium until the morbid tissue is destroyed, and immediately arrest further action with

dilute acetic acid. If carefully done the results will be quite as satisfactory in all respects, and with as little resulting scar tissue. The treatment is less spectacular and does not impress the patient as in any way wonderful, but the great saving of time and money will outweigh all other considerations in the end, so that we shall not find in these cases for which the X-Ray treatment has been so much lauded, any necessity to encumber our offices with machinery. Some other skin troubles yield to X-Ray treatment with magical certainty and promptness, particularly acne, and some forms of pruritus; but it is not indispensable here as they also yield to other methods.

Further tests and trials are necessary to determine the value of the Roentgen rays in internal disease, to what extent vital functions and processes can be influenced, the indications and contraindications. These questions are still *sub judice*. The very great value and importance of the X-Ray in locating foreign bodies and diagnosing fractures must be conceded by the most skeptical. With regard to fractures, the information in most cases is only confirmatory of the diagnosis made by ordinary methods, and is rarely so definite as to supersede the necessity of depending on manipulation, comparison and measurement. Whoever has had much experience in trying to get a skiagraph of fracture involving a joint, especially the shoulder or hip, will not be likely to make extravagant claims of accuracy and practical advantage for it. It is a valuable addition to our resources, occasionally conclusive and beyond all question, and acknowledgment should not be grudgingly given. It will not always be practicable to avail ourselves of it when most desired, especially in fractures of the lower extremities, as it is desirable to adjust and dress such fractures with as little disturbance or moving about of the patient as possible. Surgeons of considerable experience in the treatment of fractures will rarely experience much need of confirming the conclusions arrived at by regular methods. In fact, so far from replacing the usual methods, the ray may be regarded as an important adjuvant. All fractures should be placed under the ray before consolidation is complete, if there is any question or suspicion of imperfect adjustment. Conceding all that can be claimed of value in this line and the great apparent advantage of a picture of the real situation, it must in fairness be said that the surgeon is by no means necessarily at sea if he decides to dispense with Roentgen ray assistance. This readiness and eagerness to welcome every new thing in therapeutics is born of the acute disappointment which so often attends ordinary drug treatment. The profession may be divided into two classes: one ready to abandon the materia medica almost entirely, the other in-

sisting that what is needed is better understanding of our remedies and more intelligent application. Eclectics very generally belong to the latter class.

Electricity has long held a place in medicine by a somewhat uncertain tenure. The decay of faith in medicines proper has greatly enlarged the field for its exploitation. The enormous expansion of its application to commercial and industrial uses has inclined everybody to credit it with uncommon virtue. It has been foisted on the profession with spectacular machinery and appliances that appeal to a love for the marvelous. Its actual importance in healing the sick is hardly commensurate with the display. This article is offered in the hope of helping to fix the actual status of the Roentgen ray from a medical standpoint. Accepting the statement that the ray impairs nutrition of the cells, especially those of the blood vessels, producing effects similar to the granular and fatty degeneration of fever, and considering that observers differ diametrically as to its effects upon bacteria, it will be seen that we are not prepared to predicate its definite place as a therapeutic agent. Even if agreed that all protoplasmic activity is inhibited by the X-Ray how does the fact furnish any indication for its use? If, notwithstanding the chaotic state of our knowledge and the many unsolved mysteries concerning its therapeutic action, we determine to make use of it in a given case, how are we to know when we have gone far enough to destroy imperfect diseased cells and stop short of destruction of normal tissue cells? The journals have reported malpractice suits for X-Ray burns. Counsel for the New York State Medical Society reports three such cases in that state for 1906. Not all such cases, probably, have filed complaints; but enough to show that greater dangers attend its use than is ordinarily supposed. Much more might be added to the discussion of the question which forms the title to this paper, but perhaps enough is already presented to suggest the propriety of waiting until some problems involved are nearer practical solution. The profession at large can well afford to leave the matter in the hands of those already equipped and in the field; wishing them well, but maintaining a dignified reserve.

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It is a wise rule to submit all removed hypertrophied prostates to a thorough examination by a pathologist. Carcinomatous degeneration may be found in some spot.

Carcinoma of the prostate often does not recur for some time; meanwhile the patient may look surprisingly well. This should not beguile the surgeon into a too hopeful pron

## THE TREATMENT OF PULMONARY HEMORRHAGE.

By M. H. Hennel, M. D., Asheville, N. C.

Having spent the past couple of years at Asheville, N. C., where I had an excellent opportunity to observe the treatment of these cases, I thought it might interest the readers of the Journal to write an article upon this subject. The object of this paper is to deal mostly with those cases produced by pulmonary tuberculosis, although the treatment will apply equally as well to hemorrhages produced by other causes.

Among the principal means employed are atropine, nitroglycerine, morphine, calcium chloride, sodium chloride, strapping chest, cold or ice applied to chest over affected area, and absolute quietude in a recumbent position.

Where the hemorrhage is active, atropine is one of our very best remedies. It should, however, be given in large doses, from the 1-20 to 1-60 grain. It dilates the arterioles, lessens arterial tension (allowing the blood to flow more easily in its natural channel), and favors the formation of coagula in the ends of the bleeding vessels. Atropine given in 1-20 or 1-30 grain doses may seem somewhat heroic, but it acts admirably. The physician, of course, must be governed by the condition of his patient regarding the dosage.

In the next case of active or alarming pulmonary hemorrhage, give it a trial, and you will be pleased with results. True, it is occasionally followed by slight delirium or an exanthematous rash, but that soon subsides. Where the patient is excitable, and they generally are, a sufficient amount of morphia should be added to quiet them. Nitroglycerine is another admirable remedy. It, like atropine, lessens arterial tension and is to be thought of as one among the first remedies.

Calcium chloride is highly extolled by some. It is supposed to act upon the fibrin, increasing its power of coagulability. In active hemorrhage it may be given in from 10 to 20 grain doses every 2 hours till the active symptoms subside, after which the time of giving the dosage should be lengthened. I am informed by one of my professional brothers, who has had considerable experience with this drug, that it should not be given in large doses long. Its first effect is to check hemorrhage; but if large doses are continued for a length of time, it seems to have a secondary effect, the results of which are directly opposite from those that are primarily obtained; or in other words, it seems to lessen the coagulability, thus thwarting the very object for which it was given. My observations are that it is best adapted to passive hemorrhages—cases that every time they move or

cough, causing the least exertion of the lung tissue, the sputum becomes tinged with blood. Here calcium chloride in small doses is one of the best remedies in the *materia medica* and rarely ever disappoints. The usual prescription reads: R.—calcium chloride dr. ij; aqua dist. q. s. oz. iiij. M. Sig; one teaspoonful every 2 hours till hemorrhage stops.

Sodium chloride or common salt is an old remedy, the action of which is too well known to need any favorable comment. I usually advise haemorrhagic patients to carry a small paper of it in their pocket. In case of an unexpected hemorrhage it can be used till other help can be procured, should that be necessary.

Absolute quietude in a recumbent position till all symptoms have subsided is to be advised. In obstinate cases strapping the chest is of much benefit. It insures greater quietude, thus giving the blood a better opportunity to form coagula in the ends of the bleeding vessels.

In alarming cases, ice applied over the affected area acts admirably, but the utmost caution must be exercised when it is employed. Small pieces of cracked ice should be put in a rubber ice bag and applied over the affected area.

The patient's chest and clothing should not be allowed to get wet or the ice remain too long, as other more serious complications are liable to follow. I have seen one or two cases in which alarming pneumonias developed after its injudicious use.

There is another remedy that is frequently used which, in my opinion, is positively contraindicated. That is ergot. This remedy acts upon the circular fibers of the heart and arterial system, thus increasing the blood pressure—the very condition that we do not want. A careful study of the anatomy and physiology of the lung tissue will readily convince the student upon that subject. It reminds one of the practice employed not many years hence of bleeding the patients when they already had scarcely enough blood to sustain the vital forces. Some, of course, got well, but we have long since learned that it was not due to superior treatment.

While there are many other valuable remedies that may be used in pulmonary hemorrhage, yet I believe the few I have mentioned are among the first to be thought of in the treatment of these cases.

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### TYPHOID FEVER.\*

By F. H. Flisk, M. D., Nashville, Tenn.

The history of typhoid fever, as that disease is now described by close observers, dates back only about a half century. The earliest history which we have of this disease places it in the class of infectious

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\* Read before the Tennessee Eclectic Medical Association.

fevers, and claims that it is reproduced by a "contagium vivum," which acts within the system. The physicians of antiquity classed all fevers attended with delirium, or coma, as *typhus*, and spoke of a "constitutio pestilius" as the cause of the disease. Some time in the sixteenth century an hypothesis was advanced of a "contagium vivum sin animatum," or living organisms as cause of typhus fever. It was not until the nineteenth century that the term "typhoid" was coined and applied to that variety of fevers which was propagated by contagion, and was attended by coma or delirium, but was a distinct disease from the typhus described by earlier writers. During the eighteenth century efforts were made to found a complete system for classification of diseases, and divide the classes into natural orders, families, and species, something after the plan of botanical classification of the flora. For a long time the best intellects have been busied, and a natural system of disease has been for a long time thought more desirable than a more intimate acquaintance with the diseases themselves.

The expression typhus signified originally smoke, or vapor, and was afterwards used to denote an overclouding of the senses. The name was principally applied to cases of disease in which the prostration of the mental faculties constituted a prominent symptom. In the Hippocratic writings and those of Galen, the term "typhus" occurs. The nomenclature was given to diseases having a peculiar group of symptoms—coma being most prominent; but about the beginning of the nineteenth century, when more attention was given to morbid anatomy of disease, it was found, especially in France, that in numerous single cases with all the symptoms of typhus, a characteristic lesion in the ileum and mesenteric glands was present. There were other cases of fever observed in which the intestinal lesions were absent, yet the symptoms indicated typhus fever. Thus, those cases with symptoms resembling typhus fever but with the complication of the enteric lesion were denominated "typhoid," that is, a fever somewhat like typhus, yet essentially different, the difference being the morbid abnormal complications.

Typhus fever is a purely contagious fever, such as small-pox, and can be transmitted directly from person to person, while typhoid fever, on the contrary, is never transmitted from person to person. Typhoid fever was at one time supposed to originate from the decomposition of organic substances and the name pythogenic fever, that is, produced by putrefaction, was proposed. But it is evident that typhoid fever is an incubative fever, with distinct exanthemata, and depends upon a specific virus for its propagation. That virus acts

as a ferment similar to yeast in a batch of flour dough. This virus must come from the excreta of a person afflicted with the typhoid fever. The opinion that the virus of typhoid fever is propagated continuously and never originates autothonously, that is, formed where found, was first established by an English physician, Budd, about 1854.

Typhoid fever only appears in a locality which has previously been free from disease, when a case of the same disease has been introduced. Typhoid fever does not originate spontaneously. The virus is a constituent of the excreta from a patient suffering from typhoid fever. But the virus will not be effective to propagate the disease while the fecal substance is in a fresh condition. History cites this fact. The facts, as recorded by careful observers, indicate that the stage of development takes place outside of the body. In this way it can be explained how a typhoid patient who comes to a house or region previously free from the disease, can establish there a focus of infection from which many other persons become infected. It has been determined that the virus of typhoid fever can retain its vitality for a long time during the stage of development through which it passes, outside the body. When typhoid fever is once established in any locality, it may disappear for a long while, and then suddenly reappear without the introduction of a new case. This is history. History points to typhoid fever as an exanthematous disease from the fact of its having a period of incubation of 14 to 28 days, and the eruption of the skin in every clearly defined case.

The infectious virus consists of minute particles of solid matter and may be suspended in drinking water or in the dry condition in the air, and pass into the system through the pharynx and esophagus, into the alimentary canal, and from thence be absorbed and conducted through the lymphatic channels to the cellular tissues of the body. It should be understood, however, that not all well water, which is mixed with drainings from privies produces typhoid fever; the presence of the specific typhoid virus from the dejecta of a typhoid fever patient, remotely dejected, is necessary to reproduce typhoid fever.

In general, the quantity of organic matters present in drinking water is not as important as their quality, and it is only from the deficiency in our knowledge of the quality that we are obliged to assert, in a general way, that drinking water is suspicious according to the amount of organic substances in it, especially if these substances are excrementitious.

Practical observations prove that the typhoid virus may be destroyed in water by boiling.

**ANOMALIES OF PREGNANCY REQUIRING THE USE OF FORCEPS.\*****By W. K. Mock, M. D., Cleveland, O.**

Conditions in labor requiring the interference with obstetrical forceps are very common, despite the boasting of, now and then, some physician who tells of a large obstetrical clientele and who never had to resort to the use of the forceps nor never met with a lacerated perineum.

Statistics as to the frequency in which forceps are used are of no interest or value. Some accoucheurs are compelled to use them far oftener than others, and the frequent necessity of their use is, in reality, a matter of circumstance.

The anomalies of labor requiring the interference with forceps are, broadly speaking, whenever the mother's or child's life is in peril, providing contraindications are absent. It will be seen then that the dystocia is maternal and fetal, but it is necessary to recapitulate the different forms of dystocia, which have a tendency to produce these conditions. Among these (1) "Anomalies of expulsive forces; simple inertia without obstruction may require forceps. Protracted labor without obstruction belongs here, but in the many cases of arrested labor with maternal exhaustion some mechanical hindrance is present, and, therefore, such causes belong in the next subdivision. (2) Anomalies of resistance; rigidity and stenosis of the lower birth tract and contracted pelvis make up this category. If the natural forces can not overcome the obstruction, the forceps are used unless contraindicated. (3) Fetal dystocia; here belong such anomalies as occipito posterior and deep transverse cranial positions, face presentations, arrest of after-coming head in breech cases, etc. (4) Miscellaneous; here belong all severe non-mechanical complications of labor, requiring its immediate termination; hemorrhage, rupture of the uterus, eclampsia, and accidental complications; severe, acute or chronic disease occurring intermittently. But the use of the forceps is not inevitable in these cases."

In fetal dystocia the danger signals are manifested by the irregular beating of the fetal heart. In any protracted labor frequent auscultation should be made, and if the fetal heart is found to beat irregular, the labor should be terminated as soon as possible. It is said by some, and rightly too, that should the fetal heart-beats sink to one hundred and remain that for one minute, the forceps should be applied and the child delivered rapidly. It is good practice to use the forceps in head presentations whenever the presenting part remains stationary for two hours in the second stage of labor.

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\* Read before the North-Eastern Ohio Eclectic Medical Association;



**Contraindications:** It is said that the forceps must not be applied until the os is well dilated. There are cases, however, where there must be exceptions to this, as when the life of the mother or child is threatened, and when there is valvular disease in the mother, and in the adynamic fevers. The forceps must not be applied until the head is engaged in the superior strait. There may be exceptions to this rule also, and while it is not impossible to apply them before the head is engaged in the superior strait. There may be exceptions to this more easily accomplished. There is no exception to the rule that the forceps must not be applied until the membranes are ruptured.

The use of the forceps in some form or other dates back to the time before the Christian era. Crude patterns of it have been found in connection with archeological investigations in Egypt and elsewhere. But from what can be learned they were then only used to deliver dead fetuses. From this time until about A. D. 1600, scarcely nothing has been said concerning their use. At about this time, Peter Chamberlen, an Englishman, invented a forcep which the succeeding Chamberlen generation kept a secret for some time and profited greatly by their then mysterious method of delivering women. The forceps, of course, were a crude affair and were used in all probabilities on nothing but low operations. Up to the present time there has been so many modified inventions until nearly every obstetrician of note has a forcep bearing his name.

The forceps consist of two halves almost identical in construction. They cross like the branches of scissors and interlock, and are known as the arms. The left arm is the one held in the left hand and is introduced into the left side of the pelvis. This arm contains the pin or screw of the lock. The right arm is the one held in the right hand and is introduced into the right side of the pelvis. Each arm consists of a blade, shank, handle and a portion of the lock. The blade is fenestrated to secure lightness, and the extremity is known as the apex. The blade has a double curve, one being on the flat, which corresponds to the convexity of the fetal skull, the other on the edge, to conform to the curve of the pelvic excavation. These are known respectively as cephalic and pelvic curves.

In applying the forceps if a difficult extraction is anticipated, the patient should be placed on a table. For the more common operation the patient can be placed across the bed in the dorsal position with an assistant supporting each limb. The hairs growing on the labia majora should be shortened with scissors, and likewise that of the mons veneris, if necessary. The patient may be anesthetized by a competent assistant, or if she prefers to stand the pain without it,

it will be better, for the uterine contractions will materially aid the accoucheur. The parts should be thoroughly aseptised including a vaginal douche and the bladder emptied. The forceps also aseptised and everything made ready for the suturing of an anticipated laceration.

The accoucheur now grasps the left handle with the left hand, either by taking hold with the whole hand or with the thumb and finger as in taking hold of a pen, and introduces it quickly, guiding it by the fingers of the right hand. Likewise the right blade is introduced with the right hand. Now be sure the forceps lock well and move them gently in and out, ascertaining that you have not included in their grasp some of the maternal structures. The forceps are now grasped with both hands and traction carefully made in the direction of the outlet of the vaginal canal, that is, should the head be high up it is made down toward the perineum, when in the cavity is made horizontally toward the obstetrician, and when at the outlet the direction is straight upward.

It has been the custom of the writer as soon as the head is brought well down on the perineum, if the pains are good and no necessity for an immediate delivery, to remove the forceps and allow nature to complete the delivery. In so doing it gives the perineum more time to relax, and if hot, wet towels are applied laceration is not so liable to occur.

[Here exhibited different makes of forceps, pointing out their good qualities. To anyone using but one pair of forceps Sympton's were recommended. References, Edgar's, Garrigues', and Hirst's Works on Obstetrics.]

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### POST-PARTUM HEMORRHAGE.

By B. McWhinney, M. D., Union City, Ind.

What I have to say in regard to post partum hemorrhage may not interest the older practitioners so much, but may be of great benefit to the younger. Some time ago I was talking to a recent graduate along this line, and asked him what he would do in a bad case of uterine hemorrhage following accouchment. He spoke of cold applications, hypodermics of ergot, etc.; in fact, everything but the right. You will not have time to do these things; your patient will have entered some other kingdom ere your ergot acts. I will illustrate two cases: First patient was a primipara, the husband was one also; our help was an old lady to take care of the baby. About daylight on Sunday morning after an all-night pull, we succeeded in delivering naturally. On further examination we found it was a

case of twins, and I soon handed our assistant the second. Of course, she was busy. On returning to our patient she remarked how dark it was getting. Hastily making an examination, we found the blood pouring. Placenta was detached and removed, but hemorrhage continued. We immediately raised the foot of the bed to the top of a nearby stand, bringing it so high we had to hold the patient from slipping out of bed, and, grasping the uterus by Crede's method, soon had hemorrhage under control, but not until the blood had gone out at the head of the bed, following an oilcloth under the patient. We left this patient in this position until afternoon; then slowly bringing her down and cleaning up, she made an uneventful recovery.

The second case was a woman that had aborted while on the train. She got off at our city to get assistance and reeled into my office an entire stranger. With uterine hemorrhage along the sidewalk and on the floor she attracted quite a little attention. She could hardly speak. I had no time for consultation; just gathered her up, put her on my Yale chair and turned her feet to the ceiling; made an examination and found the uterus empty. A very hospitable woman took care of her until she was able to go on her way rejoicing. The point to emphasize is to stand them on their heads, if necessary, and grasp the uterus through the abdominal wall. Don't undertake to give any medicine; you are losing valuable time.

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### PATHOLOGICAL PUERPERIUM.\*

By A. L. Swartzwelder, M. D., Cleveland, O.

#### INSANITY.

Mania or insanity which accompanies the pregnant state or follows it is a pitiable as well as a hard condition with which the physician has to deal, for it must be met by medical skill, moral persuasion and firmness on the part of the doctor.

Constant watching before the child is born by a competent attendant is imperative, lest the patient destroy herself or the child. After the delivery of the child the symptoms usually disappear, but if any should remain perfect quietness with change of environment is usually sufficient. Insanity after delivery may require months of care, building up the general health, with also change of environment. On general principles kindness governed by firmness will meet with the greatest success in the cure of these cases.

If any abnormal condition exists which calls for surgery, such as unrepaired perineum, rupture of neck of uterus, piles, or any wrong producing reflexes, this must be removed to guarantee a cure.

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

## HEMORRHAGE.

Hemorrhage before or after delivery is one of the chief features the accoucheur is called upon to rectify at once, if he is to save his patient and his reputation.

If the cause is placenta previa rupture the sack lowering head or buttocks of child, as it may be, to descend, thereby stopping the flow. Soon as sufficient dilation ensues deliver the child, then remove placenta that may remain, and induce thorough contraction of uterus. Excessive hemorrhage after birth of child requires quick work in peeling off the placenta, inducing contractions by kneading, administering hypodermically of adrenalin chloride or ergotine, and raising foot of bed.

If blood lost is excessive give anema of normal salt solution or inject it into breast, sufficient to make up for loss of blood. Success usually follows this plan.

## PUERPERAL FEVER.

This is one of the conditions which should never occur at this age of medical science, if the physician is as clean about his maternity cases as he is in any surgical procedure; but if he is swayed up by carelessness on his part or his nurse, he needs to get busy at the first signs of the rising fever by at once making the vulva, vagina and uterus perfectly sterile, by using freely of bichloride solution followed by alphozone swabbing inside the uterus. Follow up the douching and bathing the vulva with bichloride solution every 2 or 3 hours, using freely of the solution. Move the bowels of your patient freely with castor oil or cascara cordial. Internally, alphozone and echafolta in large doses. Diet light and plenty of cold water. With this serious malady may occur peritonitis, which is managed in much the same way, cleaning up the patient thoroughly inside and out. Give indicated fever remedy in each case.

## SUDDEN DEATH.

A few hours after birth of baby there may be collapse and death. Knowing this, we should warn our patient against raising her head or propping up in bed too soon, as a thrombus may have formed somewhere in the blood vessels; this dislodging may cause a lodgment of an emboli in the heart, causing sudden death. This fact must be understood and guarded against by the physician.

## NEPHRITIS.

Several weeks before the expected arrival of an infant, the careful doctor should always ascertain by examination of the urine if albumen exists, and rectify it if possible, as death may ensue at or after delivery.

There may be no signs until after birth when the urine gradually slackens and shows marked albumen. If you are to save the woman heroic means must be used, such as steaming under cover in bed, using carefully selected remedies for the kidneys and plenty of water, as well as free, active movements of the bowels.

Often our cases seem to be doing nicely up to a certain point, when we notice tenderness over the uterus and tubes, which may have come from too early getting up from bed, dampness, cold feet, or too thinly clad in inclement weather. When we have carefully diagnosed our case, begin at once the appropriate local as well as internal treatment. This failing, resort to a curettement followed by careful internal medication. If the uterus is misplaced rectify this, and insist on your patient taking life easier until perfectly cured; otherwise you will likely fail in a cure.

In closing this paper on some of the ills of women following confinement, I want to condemn the too frequent surgical procedure as a means to cure some of these cases, which in fifty per cent. of the cases seem to fail of a cure. Make a friend of your materia medica, or remedies we know will help women's ailments, study each case carefully, meeting the need in each one, and don't send these poor unfortunates off to the surgeon to be made often worse, when you have or can have the power to cure them if you study for it.

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### MEMBRANOUS CROUP.

By W. H. Halbert, Nashville, Tenn.

It is my intention to let you know in this article just how I treated one case of true croup. This is not just the way I have treated a number of cases of true croup, but it is in line with the treatment I have used for a number of cases in the last twenty-five years. While the false membrane of croup may be chemically the same as the false membrane of diphtheria, its attachment to the true membrane is not the same. The croupal membrane can be detached without destroying or lacerating the true membrane, while in detaching the diphtheritic membrane the true membrane is almost wholly destroyed, because this false membrane seems to first form in the substance of the true membrane. Afterwards the additional false membrane is increased outside of the true membrane. The croupal membrane is of a golden yellowish color, while the diphtheritic is a grayish white, or rather an ashen gray color. The croupal membrane is easily torn and looks in thickness like the layers of several spiders' web. The diphtheritic

is tough and almost as tough as flesh, and may be as thick as three-eighths of an inch, while the croupal membrane is not as much as one-sixteenth of an inch in thickness. Now I was to write of the treatment of one case only. I was called and visited the little patient at noon. There was rapid breathing, respiration, fifty-five, hoarse voice, more or less dyspnea, and sharp, ringing, metallic cough; temperature,  $101\frac{1}{2}$ ; pulse, 100. There was that peculiar spasmodic breathing that indicated danger. The child had apparently an ordinary "cold," as the mother suggested, for about fifteen hours. I am aware that it is impossible to diagnose true from false croup until the exudation had made its appearance. On the second day it is possible the exudation has made its appearance. On the second day it is possible the points. In false croup the fever is easier controlled and relaxation gives permanent relief, and the dyspnea disappears, and, instead of gradually growing better, in true croup the patient gradually grows worse, at least for several hours or days. The gradual increase of serious symptoms warns us of the gravity of the situation. A small amount of exudate near and over the vocal cords is serious, aside from the exudate extending into the smaller bronchi. When first visited this patient at 12 m., I was in hopes, in spite of the bad breathing and hoarse cough, that it was not the true croup. I was called to see this eight-months-old patient on the 11th of December last at noon. Found pulse as stated, 100; temperature,  $101\frac{1}{2}$ ; respiration, 55. From the mother I received the statement that there had been croupal symptoms for fifteen to twenty hours, and that the symptoms had gradually grown worse. I gave the patient:

Aconite .....	m	5
Jaborandi .....	m	30
Cal. Iodide 2 x.....	gr.	5
Water .....	oz.	4

M. S. Take one teaspoonful every half hour until six doses are taken; then every hour. Also applied diaphoretic powder with goose oil all over the chest; also applied compound stillingia liniment over the outside of the larynx. The application of the liniment was made every two hours. I saw the patient again at 1 a. m. No better; a little worse in all the symptoms. I ordered a vapor of fl. ex. eucalyptus. The article not being good, I failed to get good results, and ordered eucalyptol to be used in vapor; in fact, ordered the room to be completely vaporized with the eucalyptol, and at 2 a. m. gave:

Aconite .....	m	5
Jaborandi .....	m	30
Eucalyptol .....	m	10
Water .....	oz.	4

M. S. Give one teaspoonful every half hour until four doses were given; and then every hour. I applied Labradol over the larynx every two hours. The patient was moist in two hours and breathing easier. I saw the patient the next day at 10 a. m., with Dr. George Hite, and found it just enough improved to get enough oxygen to live. Cyanosis had disappeared. By agreement the patient was kept on this treatment until the next morning, when I found a marked improvement. Respiration, 40; pulse, 110; temperature, 100. The conditions had gradually improved for twenty-four hours. While I was at the house a portion of the membrane was coughed up, with immediate relief of all the symptoms. No more dyspnea after this. I continued the treatment without change until the next day. After the third day the medicine was given every two hours. On the fourth I left off the vaporizing, but kept up the treatment several days, every two hours. On the fifth day discharged the patient, but ordered the local and internal treatment for two or three days longer. During the entire sickness I gave only two doses of castor oil to move the bowels.

Now about the feeding. After the first two days I gave a half pint of hot milk to one pint during the twenty-four hours until the fifth day. Bread was given with it. After the fifth day milk was administered as when well.

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### TREATMENT OF LEAD COLIC.

By **Ell G. Jones, M. D., New Brunswick, N. J.**

I have probably had more experience in the treatment of lead poisoning than generally falls to the lot of the average physician. For several years I practiced in a town in Massachusetts where several firms were employed in carriage building. Every week I had from two to three cases of lead colic under my treatment. It was there I learned how to treat this condition and get the patient to work as soon as possible. Under ordinary treatment the patients lingered along under the doctor's care for two or three months, while my patients were out to work in a few days' time. I soon gained a reputation in such cases, and so many painters were employed in the town, it made business for the doctors.

How did I treat them? The first thing I tried to do was to remove the lead from the intestinal canal; second, its elimination from the tissues; third, to meet other conditions as they might arise. To meet the first condition I gave R. Sulph. magnesia oz. xj; nitrate potash oz. ss, sulphuric acid dr. t, boiling water, pints jj; mix; sig.

one tablespoonful ounce in 2 hours, until it operates freely upon the bowels; then in smaller doses to keep up a gentle action upon the bowels, and to let the medicine act as an antidote to the lead. The above preparation is our old reliable "White Liquid physic," so well known to the fathers of the Eclectic School of Medicine. It converts the lead into an insoluble harmless salt and, of course, acts freely as a purgative.

For the urgent symptoms, the severe pain that always attends such cases, I have given a pill of R. Ext. Colocynth Comp. gr. ii; Ext. Opium, gr. ss; Ext. Belladonna, gr. 1-6. Mix. The pill given once an hour or once in two hours as needed for the pain. To meet the second condition, and eliminate the lead from the tissues, I give iodide potassium, 5 grains in a teaspoonful of syrup, three times a day.

I never had lead paralysis occur under my treatment, but have had cases of that kind come to me from other doctors. I gave 1-40 grain strychnine before meals and at bed-time, with the 5 grains of iodide potassium three times a day, using stimulating liniments to the palsied limb. With the above treatment I have cured several cases of lead paralysis.

If the treatment I have here given is used for lead colic, I know it will not disappoint you. It has never failed in my hands.

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### THE PATHOLOGY OF PREGNANCY.\*

By Harry D. Todd, M. D., Akron, O.

In considering the above subject for this symposium, I have avoided the minutal and have limited the paper to a resumé of pathological conditions which accompany a complicated pregnancy. Pregnancy may be associated with certain diseases which result from the condition itself, or by others, which are to be regarded as accidental complications.

As a rule, all diseases which subject the organism to a considerable strain, are much more serious when occurring in the pregnant woman.

Thus, a lung which is partially destroyed or thrown out of function may suffice for the respiration of an ordinary individual, but be unable to respond to the added demands of pregnancy, particularly in the latter months when the enlarged uterus restricts the mobility of the diaphragm.

Similarly, many women are unaware of the existence of a cardiac lesion, or at least leads a comfortable existence until the increased

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\* Read before the North-Eastern Ohio Eclectic Medical Association.



demands on the activity of the heart incident to pregnancy, bring about broken compensation with its attendant symptoms.

In general, it may be said that pregnancy exerts a deleterious influence upon all chronic organic maladies, while its effect is usually less marked in acute infectious processes. The latter, however, frequently lead to premature delivery.

Among the acute infectious diseases complicating pregnancy may be mentioned the following: small-pox, scarlet fever, measles, cholera, typhoid fever, pneumonia, la grippe, erysipelas, sepsis, gonorrhoea, etc.

In small-pox Vinay reported a mortality of 36 per cent. in 235 cases, as compared with 25 per cent. in the non-pregnant condition. The hemorrhagic form is particularly fatal in pregnancy, Mayer recording the loss of 13 consecutive cases. Small-pox, moreover, exerts a bad effect on the product of conception and frequently causes abortion, probably due to hemorrhagic changes in the decidua, or to direct transmission of the disease to the fœtus with its subsequent death and expulsion.

The occurrence of intra-uterine small-pox is well authenticated, as children are occasionally born in the eruptive stage with distinct pock-marks. It is generally believed that the pregnant possesses a certain immunity to scarlet fever. Olshausen was able to collect from literature only seven cases occurring in pregnancy, as compared with 134 during the puerperium. When occurring in early pregnancy scarlet fever frequently causes abortion; this is usually due to the high temperature of the mother, though in very rare cases it may be due to the direct transmission of the disease to the fœtus.

Measles is not a frequent complication of pregnancy; but when it does occur it is very prone to cause premature delivery, which was observed by Klotz in 9 out of 11 cases. I will not consider the effect of cholera during pregnancy, here.

Typhoid fever is a serious and dangerous complication of pregnancy. Moreover, it increases largely the fœtal mortality, abortion or premature labor occurring in two-thirds of the cases.

Usually the death of the fœtus and its subsequent expulsion are due to high temperature or to the transmission of toxins through the placenta. In a small number of cases the bacilli themselves pass into the fœtal circulation.

In pneumonia the maternal and fœtal mortality are greatly augmented.

According to many authorities grippe or influenza exerts a pernicious influence on pregnancy. Erysipelas is particularly dangerous

when occurring in pregnant women. In fact, any septic condition offers a worse prognosis in pregnancy than at other times.

Gonorrhoea, of course, should never be lightly regarded. In not a few instances the gonocci invade the decidua giving rise to inflammation, conditions which lead to abortion.

Among the chronic infections may be mentioned tuberculosis, malaria and syphilis. Valvular lesions of the heart, icterus, indigestion, constipation, chronic nephritis, floating kidney, cystitis, paralysis, neuralgia, neuritis, epilepsy, hysteria, apoplexy, pernicious anæmia, lead poisoning, pruritis, etc.

I shall only mention the most common of the occurring during pregnancy.

It was formerly believed that pregnancy exerted a beneficial effect on tuberculosis; at present it is generally conceded, however, that the effect of tuberculosis is almost always harmful.

The strain incidental to labor and the extra drain upon the mother if she nurses the child, pull such patients down still further, so that the final result is usually hastened. The disease, however, does not seem to predispose to premature interruption of pregnancy, and it is not infrequent for tuberculous patients to give birth to splendidly developed children at full term. In very exceptional cases tuberculosis may be transmitted from mother to child. Refer to page 439. Refer to malaria, page 439.

If the society will bear with me, I will refer to Williams for some further excerpts regarding some other chronic lesions and their effects during pregnancy.

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### RADEMACHER'S ORGAN REMEDIES.

By A. A. Ramseyer, M. D., Salt Lake City, Utah.

[Concluded from page 535.]

Now, the question may be asked, What is the beneficial, healing principle in the *nux vomica*? My readers may answer without hesitation: It is the strychnine. But, dear reader, the thing is not so surely settled. No doubt the strychnine has an effect on the body; but whether the beneficial effect of the *nux vomica* upon the liver and the intestinal canal depends upon the strychnine or upon some other principle which is not bitter, further investigations must disclose. I will communicate what I have learned upon this point, however imperfect it may be.

Many years ago, when brain fever was prevalent here, I tried the beneficial effect of the spirit of tobacco on the diseased brain and

spinal marrow, and satisfied myself that the extract (tincture) of tobacco differed in its effects from the substance (spirit) distilled by means of alcohol. I thus came upon the idea of preparing a spirit of *nux vomica*, for I had met cases where the bitter principle of the *nux vomica* was disagreeable to the patient, although the experience had taught me that the welfare of the patient was in that drug. If it was possible, I thought, to separate by means of distillation the really beneficial principle from the bitter principle, I would surely get an excellent medicine. The spirit was soon distilled, but it turned out to be so insipid that, even with all my faith, I could not expect special virtues from it; hence it remained unused in the pharmacy. A long time after this a woman from the poor class wanted my help for a very violent colic; but, although I did my best, she got so bad that, doubting of her recovery, she prepared for death and sent for the notary and for the clergyman. A potion of tincture of *nux vomica* and *asafoetida* had been given without success. In this desperate condition I happened to think of my despised spirit of *nux vomica*. As I had little faith in it, I gave a rather strong dose, viz., one ounce mixed with seven ounces of water, and ordered the patient to take a tablespoonful of this mixture every half hour. After swallowing three spoonfuls the pains ceased, and after using one-half of the potion, every trace of the dangerous sickness had disappeared.

Since that time I had but seldom occasion to satisfy myself that the spirit of *nux vomica* is beneficial in such cases of hepatic and intestinal affections, in which the tincture is used in vain, or even causes an aggravation.

Patients which I saw affected with a peculiar fever in the spring of 1829, had diarrhea; an excessive diarrhea was the prominent symptom in a few. It was a sympathetic diarrhea depending upon the hepatic affection.

A slightly bitter taste induced me to employ the soda; but, although the bitter taste disappeared after using it, the diarrhea increased; a proof, therefore, that this slight bitter taste did not proceed from acids; for in the previous fevers the diarrhea caused by acids soon ceased after using the soda. I tried the celandine, but was soon convinced that it was not the true remedy. It increased the diarrhea, and the dark, bilious urine got darker; and although I gave the celandine tincture in very small doses, mixed with gum arabic and oil, the patients got worse rather than better.

The tincture of *nux vomica* did better service; the patients felt relieved when using it, and the urine became more pale, but the diarrhea increased, even when I gave the tincture in very small doses.

After mature reflection I thought it wise to give the spirit of *nux vomica*, and I was soon satisfied that I had found the true remedy. Now I asked myself whether the beneficial principle could not be better distilled from the *nux vomica* by means of water with a small addition of alcohol, than by means of the alcohol alone. I had made no mistake; for the spirituous water, prepared of such strength that one pound of *nux vomica* gives four pounds of the distillate, really accomplished all that can be required from a good remedy. But the reader must not think that because this water has little taste it can be given in large doses. Except when diseases appear in which large doses perhaps do good service, the best effects will be seen by giving not over two drachms in twenty-four hours. In most cases I have given only thirty drops five times a day, which is a little more than one drachm. When the summer came, the fevers of which I am speaking, changed their symptoms but without changing their nature. It was not with the diarrhea that the physician had to contend, but with a strange combination which they entered in with the ordinary intermittent fevers of the summer. In some patients a compound disease resulted from this combination. But with most patients it resulted in a simple disease, viz., a hepatic affection with a sympathetic affection of the whole system which took the form of an intermittent fever. Of ten people who were affected by supposed pernicious intermittent fevers, seven surely were cured simply with the water of *nux vomica*.

What is now the abstract of my experience with *nux vomica* and celandine? There are certainly two pathological conditions of the liver but which can not be differentiated by signs, the one of which is under the healing power of *chelidonium*, the other under that of *nux vomica*. Is there two sorts of *nux vomica* diseases of the liver, the one under the healing power of the volatile, distilled principle, the other under that of the bitter, not volatile principle? I have become convinced that both preparations of *nux vomica*, the tincture and the water, are the remedies of two different hepatic diseases. During the summer of 1838, the *morbis stationarius* was a disease of the liver which was under the curative power of the water of *nux vomica*. During the summer of 1839, that disease changed in its nature, coming under the curative power of the tincture. The water of *nux vomica*, in large or in small doses, did not have the least efficacy in this hepatic disease; but the tincture did all that could be required. But in regard to doses, what difference between this hepatic disease and the one which prevailed from 1816 to 1819! At that time I was giving 15 drops 5 times a day, viz., 75 drops a day; in

the present disease the daily dose was from 5 to 10 drops, mixed with 8 ounces of solution of gum arabic given hourly by the spoonful, when there was much pain in the side and prominent sympathetic pulmonary troubles; the more marked those symptoms were, the smaller the dose. When the hepatic disease appeared as lingering fever instead of acute, I gave 5 times a day two drops in half a cup of water. But as it is not easy to count two drops, since many more drops are apt to run out of the vial, and as this excess or surplus augmented rather than diminished the feeling of tightness or of constriction in the epigastric region, I came upon the idea of giving every morning to the patient or to some intelligent member of the family, the whole daily portion, ten drops, in two and a half cups of water, of which mixture the patient took half a cup five times a day. This succeeded very well, as it is easier to count 10 drops than two.

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## HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.

By **Harvey Wickes Felter, M. D., Cincinnati.**

[ Continued from page 541 ]

In 1896 the college received important recognition from outside sources. After years of varied effort and failure, success crowned the efforts to obtain a just medical law in Ohio. This law provided for a State Board of Medical Registration and Examination. On this Board the College was honored by the appointment, by Governor Bushnell, of Dr. John K. Scudder, Secretary of the Faculty of the Institute. His intimate knowledge of the Eclectic colleges made him a valuable acquisition to the board. The College was further honored the succeeding year by the Philadelphia College of Pharmacy, which, at its annual Commencement of 1897, conferred upon Professor John Uri Lloyd the degree of Phr. M. (Master in Pharmacy), the highest honorary degree in pharmacy, and a degree rarely conferred. In 1897 alterations were made in the College building, providing better natural light; the clinical amphitheater was enlarged and fitted with improved ventilating apparatus by means of electric fans, and in the main lecture hall were placed new and improved opera-chairs. The freshmen class of 1896 was the largest in the history of the College.

On August 12, 1897, Dr. Eli Melvin McPherson, formerly connected with the Institute, died at Janesville, Wis. During the session of 1896-97, Professor Mundy withdrew from the College, and Hygiene and Physical Diagnosis and Clinical Instruction in Venereal Diseases and Diseases of the Chest were added to Professor Spencer's chair.

For 1897-98 the following changes were made in the Faculty: J.

A. Jeancon, M. D., was listed as Professor of Pathology and Diseases of the Chest, and Clinical Instructor in Venereal Diseases and Diseases of the Chest; Harvey W. Felter, M. D., as Demonstrator of Anatomy and Lecturer on Chemistry; John K. Scudder, M. D., Instructor in Prescription-writing, and Secretary of the Faculty; J. R. Spencer, M. D., Professor of Electro-Therapeutics, Hygiene, and Physical Diagnosis; and the following were added to the Faculty: Emerson Venable, Instructor in Zoology, Physics and Latin; H. Ford Scudder, M. D., Assistant Demonstrator of Anatomy; and Curtis G. Lloyd, Curator of the Botanical Museum.

On February 22, 1898, Z. Freeman, the veteran of fifty years' active practice in Eclecticism, died; Professor Jeancon was relieved of Pathology, which was added to the chair of Physiology, held by Professor Watkins; Professor W. B. Scudder, on account of ill-health, relinquished the chair of Didactic and Clinical Ophthalmology, Otol-ogy, Rhinology, and Laryngology, and removed to Denver, Colorado, and Kent, O. Foltz, M. D., of Akron, Ohio, was appointed to his place; H. W. Felter, M. D., was now denominated Adjunct Professor of Chemistry and Demonstrator of Chemistry, in addition to Demonstrator of Anatomy; Bacteriology was added to the duties of Dr. Brown; and Dr. Scudder remained Secretary of the Faculty only.

In the autumn of 1898 the first volume of King's "American Dispensatory," by Felter and Lloyd, appeared, to be followed the next year by the second and last volume.

In 1899, Prof. Edwin Freeman retired, on account of increasing physical disability, and Professor Bloyer was made Professor of Didactic Surgery, serving also as Clinical Instructor in Medicine. Professor Felter was appointed Professor of Anatomy, and retained as Adjunct Professor and Demonstrator of Chemistry. Few teachers of medicine can point to as long a term of service as Professor Freeman, he having lectured on Anatomy and Surgery for thirty-two years, twenty-eight of which were in the Eclectic Medical Institute. H. Ford Scudder, M. D., succeeded as Demonstrator of Anatomy, and the position of Curator of the Botanical Museum was dropped. No changes occurred in the Faculty for 1900, other than making Professor McMillen Emeritus Professor of Nervous and Mental Diseases.

On December 26, 1899, at San Jose, California, the last of the "Fathers of Eclecticism," the brilliant Joseph Rodes Buchanan, M. D., passed from earth. He had recently written a book entitled "Primitive Christianity."

On March 7, 1900, the faithful janitor of the Eclectic Medical Institute for twenty-nine years, Benjamin Hickman—or, as he was

familiarly known, "Uncle Ben"—was taken home. His funeral was impressive, Professor Locke addressing the audience. The students attended in a body, and paid their last respects to their old friend. A committee of students passed resolutions, which were published in the *Eclectic Medical Journal* and the *Medical Gleaner*.

In 1901 two additions were made to the Faculty. Dr. Edwin R. Freeman, who at one time occupied the chair of Minor Surgery, was appointed Demonstrator of Anatomy, and Dr. Charles Gregory Smith, Demonstrator of Chemistry.

In 1903 J. A. Jeancon, and in 1904 Professor Locke, died, and in 1906 Professor Wintermute. Obituaries having been recently printed are not now reproduced.

The present Faculty is as follows:

JOHN URI LLOYD, Phr. M., 1878,

*Emeritus Professor of Chemistry and Pharmacy.*

BISHOP McMILLEN, M. D., 1894,

*Emeritus Professor of Mental and Nervous Diseases.*

ROLLA L. THOMAS, M. D., 1887,

*Professor of the Principles and Practice of Medicine; Dean of the Faculty.*

WILLIAM E. BLOYER, M. D., 1887,

*Professor of Materia Medica and Therapeutics.*

JOHN K. SCUDDER, M. D., 1885,

*Secretary of the Faculty, Instructor in Latin.*

LYMAN WATKINS, M. D., 1890,

*Professor of Pathology and Physiology.*

HARVEY W. FELTER, M. D., 1891,

*Professor of Medical History.*

L. E. RUSSELL, M. D., 1895,

*Professor of Clinical Surgery and Operative Gynecology.*

JOHN R. SPENCER, M. D., 1895,

*Professor of Obstetrics.*

KENT O. FOLTZ, M. D., 1898,

*Professor of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology.*

CHARLES GREGORY SMITH, M. D., 1901,

*Professor of Chemistry.*

WILLIAM B. CHURCH, M. D., 1905,

*Professor of Didactic Surgery.*

WILLIAM N. MUNDY, M. D., 1906,

*Professor of Diseases of Children.*

THOMAS BOWLES, M. D., 1906,

*Professor of Diseases of Women.*

BYRON VAN HORN, M. D., 1907,

*Professor of Anatomy.*

W. L. DICKSON, LL. B., 1890,

*Lecturer on Medical Jurisprudence.*

JOHN L. PAYNE, M. D., 1903,

*Lecturer on Hygiene and Demonstrator of Histology, Pathology, and Bacteriology.*

E. R. FREEMAN, 1907,

*Lecturer on Skin Diseases.*

J. STEWART HAGEN, M. D., 1907,

*Lecturer on Gynecology.*

J. CORLISS EVANS, M. D., 1907,

*Lecturer on Physical Diagnosis.*

OTTO JUETTNER, M. D., 1906,

*Lecturer on Electro-Therapeutics.*

#### SPECIAL LECTURERS.

WM. P. BEST, M. D.....*Specific Medication.*

CARL G. WINTER, M. D.....*Rectal and Orificial Surgery.*

J. P. HARBERT, M. D.....*Ophthalmoscopy.*

W. E. POSTLE, M. D.....*Mental and Nervous Diseases.*

#### CLINICAL INSTRUCTORS.

L. E. RUSSELL, M. D.

*Clinical Instructor in Surgery and Operative Gynecology.*

KENT O. FOLTZ, M. D.

*Clinical Instructor in Diseases of the Eye, Ear, Nose and Throat.*

THOMAS BOWLES, M. D.

*Clinical Instructor in Medical Diseases of Women and Children.*

E. R. Freeman, M. D.

*Venereal and Skin Clinic.*

L. C. Wottring, M. D.

*Clinical Instructor in Medicine.*

J. STEWART HAGEN, M. D.

*Clinical Instructor in Surgery.*

D. M. ULERY, M. D.

*Assistant in the Eye, Ear, Nose and Throat Clinics.*

D. C. ARNDT, M. D.

*Assistant in Clinic of Women and Children.*

V. C. WILSON, M. D.

*Assistant in Venereal and Skin Clinic.*



**Ohio State Eclectic Medical Association.**  
**PROCEEDINGS ANNUAL MEETING, 1907.**

W. N. MUNDY, M. D., EDITOR.

**SECTION V.**  
**SURGERY**

O. A. PALMER, M. D., PRESIDING.

**DIVULSION vs. CIRCUMCISION.**

**By Jerome D. Dodge, M. D., Collinwood, O.**

Nature, which in the main does all things well, has provided the glans penis with a hood. That this is a wise provision I do not doubt, and to cut it away is not only a bloody, but it seems to me, as a routine practice, to be an unwarranted operation. In the occasional case in which the aperture is too small to permit the satisfactory egress of urine and other secretions, we have a remedy in divulsion or stretching, which appeals to me as being far better and more rational than circumcision.

The foreskin is quite easily dilated. A child apparently suffering from an unduly contracted prepuce, was recently brought to me for treatment. With an improvised hook and counterpressure instrument I made forcible dilation. This was naturally followed for a few days by swelling. When this had subsided, I directed the mother to forcibly retract the foreskin once a day until the trouble should be entirely overcome. The treatment worked satisfactorily.

That circumcision is often justifiable I do not believe. Whether or not it has sufficient value as a preventive of masturbation to make it desirable I am not informed; but I believe that the proper safeguard against that habit and all other sexual vice, is systematic instruction in all matters pertaining to sexual hygiene and venereal diseases.

A Jew once told me that his parents never taught him anything regarding sexual vice and venereal diseases, and it seems to me that their custom of circumcision has not sufficient merit to justify either its continuance or its adoption by other people.

I have successfully treated a half dozen cases by the divulsion method, and feel certain that it is superior to circumcision.

**DISCUSSION.**

Dr. Ballmer.—I am a believer in divulsion. In night terrors and irritability, I find that divulsion frequently cures.

Dr. L. E. Russell.—I find that little girls frequently require some attention as well as the boys. Unhooding the clitoris in a young

child frequently does good in those pseudo-paralytic conditions. Do not overlook these conditions; and the little girl is entitled to attention to these details and you will be surprised at the good that will come to them.

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### MORPHINE-SCOPOLAMINE ANESTHESIA.

In lieu of a paper, Dr. L. E. Russell made some remarks on morphine-scopolamine anesthesia, and related a case where a patient with a bad heart was given an injection of hyoscine, morphine and cactus. Two more injections were given and then the A.C.E. mixture was used by inhalation. The patient slept well both before and after the operation. He has used it in some fifteen cases and has had the happiest results. Patients have undergone operations without the resulting nausea and depression or shock. Patients often come to the operating table in bad condition, and by a proper preparation are put in good condition. It is good in obstetrical practice where the patient is nervous and the pains severe and the suffering unduly great. Given a hypodermic of this, she becomes more passive, and it does not interfere with the progress of labor. It excels chloroform or ether. I think it can be safely administered to any case. In feeble cases or in gall stone operations, it saves nausea and profound shock.

Dr. Taylor.—I would like to have Dr. Russell give his experiences in obstetrical cases and his mode of procedure.

Dr. Russell.—Use the tablets as prepared. I have not used it so often in obstetrical cases, but the reports upon its use are so very flattering that I advise its use.

Dr. Payne.—The half-strength tablet will give excellent results. It relieves pain, but does not have any effect upon the uterine contractions. Have had only one case with an hysterical condition following its use.

Dr. Powers.—I used it upon a primipara two years ago, using the full-strength tablet; then at the close of labor, I gave a half-strength tablet. The patient slept two hours after delivery and the result was most excellent. I also used it in a quarry accident in which the bones were actually denuded of all the soft tissues. I gave a full-strength tablet at the quarry, then in an hour and a half I gave another full-strength tablet, and in another half hour a half-strength, and then performed an amputation. The patient slept three or four hours after the operation.

Dr. Mattox.—I have used the morphine-scopolamine in three cases of hernia and in one abdominal operation. I gave a full dose

and in one and a half hours a half-strength, and then operated in a half hour.

Dr. Schiller.—I have had no personal experience with this method of anesthesia, waiting for others to experiment with it. I know where it was used in a case of puerperal mania, so acute that the patient had to be bound to her bed. The first day four doses kept her fairly quiet. The next day it was given every four hours, or six doses were given, and so on the next day. After the fourth day it was required every three hours, then every two hours, until the patient died, she living ten days. From this I take it for granted that the immediate danger from its use is not so great, because this patient took it in increasing doses for some ten days.

Dr. McKittrick.—I have not had the courage to use it, as so many deaths have followed its use. I use morphine and feel perfectly safe.

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### **FRACTURES OF THE SKULL.**

**By O. A. Palmer, M. D., Ph. D., Cleveland, O.**

This is a theme of great interest to every practical surgeon, as the skull can not be fractured without more or less injury to its contents—the brain. Fractures of the skull are invariably the result of external violence and are among the most difficult and important objects of surgery.

They are generally attended with very great fatality, and it is of no little interest to surgeons, when a badly fractured skull with quite a loss of brain substance is fully restored to its normal condition.

The greatest source of danger in these cases is apt to come from damage of the soft tissues. A complete fracture of the skull is said to exist when it involves both the external and internal tables; that is, the entire thickness of the skull. In incomplete fractures only one of the tables is involved.

Most authors divide the fractures of the skull into those of the vault and those of the base. The signs present usually give all the general information needed to diagnose these cases. Where there is fracture with depression of fragments we have a matter of great importance to consider. It is important to diagnose between a depressed fracture and a contusion of the soft parts. There is apt to be loss of cerebral fluid through the wound which is positive evidence of fracture and laceration of the meninges.

In every compound fracture of the skull the examination should be preceded by shaving and disinfection of the entire scalp, as well as of the wound. All foreign bodies and irritating matter should be

removed, and where there is an escape of cerebral spinal fluid and brain tissue there will be no doubt as to the nature of the injury.

I take the following quotation from Senn's *Practical Surgery*: "The examination of the wound, with a view to determining the exact location and extent of the fracture and the search for visceral injuries, must be conducted with the most pedantic care, for the purpose of guarding against wound infection. Every accidental wound must be regarded as an infected wound, but the superficial infection amenable to successful disinfection may be made deep and inaccessible by careless, reckless exploration of the wound for diagnostic purposes. The surgeon should realize to the fullest extent the additional responsibilities thrown upon him by modern aseptic surgery in the management of such cases. The fate of the patient is often decided by the degree of care exercised in the examination and treatment of the complicating wound. Recognizing the force of this statement, it is apparent that haste under such circumstances is inexcusable, if not almost criminal. No digital or instrumental examination of the wound should be made until the necessary preparations have been completed. The examination of such a wound with a dirty finger or an unclean instrument is responsible for innumerable deaths from septic intracranial affections, many of which might have been prevented by making the examination under strict aseptic precautions."

In relating the history of the following cases, I shall give only the most important facts in each case.

CASE 1.—John Miller, aged 11, received a blow on the forehead causing a compound fracture. A portion of the skull 2 2-3 inches long and  $1\frac{3}{4}$  inches wide was forced into the brain rupturing its membranes and forcing out a tablespoonful of brain substance.

There was a large amount of blood between the brain and its membranes; also all that could get between the skull and the membranes. The lower edge of fracture was about the middle of the frontal eminence. I saw the case about two hours after the accident. He was half conscious and said he was not in much pain. Blood was running quite freely from the wound. He was put on a table and put under the influence of chloroform. The soft parts were badly bruised but were all saved. I enlarged the opening in the scalp and removed the part of the skull that was in the brain. The hemorrhage was great for a few moments, but it was soon checked by applying sponges wet out of hot water.

After removing all of the blood that I could from the skull and arranging the ruptured membranes, I placed the soft parts over the wound and dressed it with calendula without putting in the sutures,

so as to give free drainage and see what the brain wounds would do. In about thirty-six hours, I united the parts with silk. Everything went well for four or five days when the child had a convulsion. The wound was opened and pus was found under the membranes. After removing about one-half teacupful of pus, everything soon returned to a normal condition and the patient made a good recovery, and is now as well as he ever was as far as can be noticed by the parents and friends. There was no loss of speech or paralysis. The opening in the skull is filled in with quite a strong membrane. The three points of interest in this case are the great amount of injury to the brain, the formation of the large amount of pus under the membranes, and the complete recovery.

CASE 2.—This case was reported by Dr. Elcon, of Tennessee, April 14, 1878. I was called to see Claude B——, aged 5 years, soon after he had received an injury upon the head, caused by a horse pawing him with his forefoot. I found him in an insensible condition, breathing slow and labored, pupils contracted, pulse soft and compressible, though rather slower than natural, and extremities cold. The first wound in the scalp was about one and a half inches from the median line on the left side. The second, about one-half inch from the first, and the third about half an inch from the second in a corresponding line. Two of these wounds had penetrated the left parietal bone, through one of which a small portion of broken down brain matter escaped. There was also a fracture extending from one of these punctures to the other without any depression of bone that could be discovered. An exploration of the punctured wounds did not reveal the existence of any depressed or detached fragments of bone, but appeared to be simply a clean puncture without any spicula of bones being driven in. I Called Dr. R. in consultation, and, after a careful examination of the case, he agreed with me in regard to the nature and extent of the injury. There being no coma or other symptoms indicating depression, but very marked symptoms of concussion of the brain, we concluded to defer any operative measures until the developments of the case demanded it, and directed our treatment to the relief of shock and concussion of the brain, and to limiting the meningeal inflammation which was likely to follow upon such an extensive injury of the brain. There was very little meningeal inflammation, as indicated by the general symptoms. The patient suffered but little pain, rested well, bowels regular, no difficulty in voiding urine, and his intelligence was perfect. The wound healed kindly, and everything seemed to be progressing favorably until about May 1st, when I discovered an irregular flattish tumor occupying the lower

• portion of the wound which had a distinct pulsation. The pain now became very severe. Partial hemiplegia of the right side followed. There was some impairment of speech, and symptoms of compression of the brain gradually developed into coma, necessitated an operation, which was performed May 10th, 1878. A crucial incision three inches in length, exposing the fracture, was made, which proved to be much more extensive than we had supposed, extending about one and a half inches below the lower puncture in the direction of the anterior angle of the parietal bone. We raised the depressed bones with the elevator and approximated their edges.

The treatment was cold water dressing to the wound, restricted diet, perfect quiet in dark room, and tinct. verat. viride pro-renata, for the first few days, followed by a more generous diet and tinct. ferri. chlor. The wound healed over a portion of its extent, but the bones which were elevated became displaced, and the brain, covered by its investing membranes, protruded through the fissure in the skull forming a considerable fungus, which pulsed synchronously with the action of the heart. I attempted to repress this protrusion by systematic compression, hoping by this means to secure the coaptation of the edges of the bone and their union, but in this I signally failed. The fungus cerebri continued to enlarge, presenting a shining and almost transparent appearance. Hemiplegia of the right side, which at first was only partial, now became complete. The tongue, on being protruded, deviated to one side. The aphasia became complete, so that he could not articulate a single distinct word. His intelligence, however, remained perfect, bowels regular, appetite good, no difficulty in voiding his urine, rested well, suffered very little pain until about the 25th of June, when the pain became so intolerable that he could no longer bear the compression from the adhesive strips. The portions of bone which were elevated at the first operation could be distinctly felt, and seemed to be detached, as they were freely movable. The wound now assumed an unhealthy condition. There was a constant watery exudation from the cerebral fungus, his nervous system began to fail from the constant pain and drain upon him, together with the loss of sleep, and there was no other alternative but to remove the detached bones.

On July 7, 1878, we operated by making a "T" shaped incision, three by five inches, so as to expose the whole extent of the fracture. The portions of bone which were elevated at the first operation had failed to unite and were easily removed, leaving an opening through the parietal bone one and a quarter by two and a half inches. After removing all the spicula of bone, and just as we were preparing to

close the wound, we detected to our great surprise, a large abscess in the brain, which, on being opened, discharged from six to eight ounces of pus of a thin whitish character, leaving an enormous cavity in the brain, at the bottom of which could be felt the bones forming the floor of the skull.

The operation was an extensive one, involving a considerable loss of structure, and we were apprehensive that he might sink from exhaustion, but he stood the operation well, rallied from the effects of the chloroform, took some stimulant, and seemed more comfortable than he had been for some time. After evacuating the contents of the abscess we filled the cavity with lint, closed the wound with sutures and adhesive strips, leaving a space open for the removal of the lint, applied cold water dressing to the wound, gave tinct. ferri. chlor., and enjoined perfect quiet in a dark room. The cavity in the brain rapidly refilled, and in forty-eight hours after the operation the brain began to protrude through the opening in the skull to such an extent that it was necessary again to resort to adhesive strips to prevent any further protrusion. The wound was dressed with a solution of carbolic acid.

The progress of the case was slow but most gratifying, notwithstanding the excessively hot and enervating weather of July and August, the thermometer ranging from 80° to 96° F. The paralysis gradually improved, the improvement being the most rapid in the lower extremities. The aphasia, which had been complete for several months, by constant practice, at first in the simplest sounds was overcome, and now (February, 1879, nearly ten months since the accident occurred) he can pronounce almost any word, but there is a want of distinctness in his articulation which, however, would not attract attention. His health is excellent, and his general condition such that he has not required either medical or surgical attention for the last four months.

The treatment of the case embraced a period of about five months, and a great many of the details have been necessarily omitted in order to condense the report as much as possible.

Eighteen months after the accident the boy had full use of all his faculties."

CASE 3.—In the *Lancet*, for 1839, I find the following: "Just seven years to this time, I was sent for to attend a young man who had met with an accident in the extensive slate quarries of Mr. Ashton Smith, in this county. While stamping a rock the powder ignited and the blast went direct to his face; both eyeballs were shattered to pieces, the scalp on the forehead very much lacerated, and above the

inner canthus of the left eye was a small hole, in the os frontis, fairly through into the brain. Upon my arrival I found the person who attended the men at the quarries, introducing a grooved director through this hole and scooping the inside out of the skull, bringing out some blackish slugs and a great deal of brain, both cortical and medullary parts. I must confess I had no great hopes of the patient's recovery, and thinking I could do no more mischief than had already been done, being also anxious to know if the brain possessed any sensitive power, I took the director and passed it, in a direct line, until it touched the os occipitis, opposite, and then turned it around into different parts. The young man, being quite conscious all this time, assured me it gave him no pain, and it was only at the hole, in drawing out the instrument, that he did feel pain. It may be necessary to observe there was no pressure of the skull on any part of the brain, and no fracture with the exception of the hole in the os frontis.

After dressing the wounds and giving general directions as to the after-treatment, I took my leave, and was not sent for again. The patient got well without any unfavorable symptoms, and it so happened I did not see him from that period until a few months since. The person already alluded to assured me he repeatedly introduced the director afterwards but it was not at my desire. From the manner in which the instrument was used at different times, I am satisfied both the hemispheres of the cerebrum must have been broken down, and made a regular puddle of; notwithstanding, the young man had been in good health ever since, and not only that, but all the faculties of his mind are quite perfect, as well as his hearing, taste, smell and feeling; his sight, of course, is totally destroyed. His neighbors have assured me that he is a sensible, shrewd young fellow, a good singer, and remarkable for his memory. I shall content myself by merely stating the facts in this case. What I have here adduced can be attested to by living witnesses; the young man, himself, lives to tell the tale."

CASE 4.—This case I find reported in the *Southern Medical and Surgical Journal*. "This young man, aged sixteen years, was habitually melancholy, reserved, and of an obtuse intellect. Without a cause he resolved to commit suicide, and made use of a pistol. Two balls penetrated the anterior part of the brain by the same opening, and made such destruction as to bring away a quantity of cerebral matter, equal to two cupfuls of the ordinary size, and to permit the introduction of a gum-elastic probe to the depth of four inches, without meeting with any obstacle.

The patient was unconscious of anything that passed for twenty-four hours, when he revived, was able to move himself, and sensible



of what passed, but had lost his sight. The wound really healed, a large quantity of cerebral matter coming away at each dressing. On the twenty-seventh day the wound was entirely healed, although neither of the balls had been extracted.

But what was most extraordinary in this case was the change wrought in the young man's character. He became intelligent, gay, and loquacious, he seemed to have forgotten his misfortune, and often played the wag with his guides. With this subject the sense of odors had lost none of its acuteness, but he never regained his sight.

He returned to his parents, but on the fifth month after the injury he was taken with convulsions, of which he was relieved by bleeding. Convulsions occurred frequently and caused his death at the end of two years. The frightful destruction of cerebral matter in this young man, caused no manifestation of mental derangement. The wound was situated in the middle of the frontal lobe, and the balls penetrated not only very deeply into the brain, but beneath the left frontal protuberance, and the direction of the wound was such as inevitably to destroy the left anterior lobe." This, to me, is a remarkable case and I am unable to make it clear in my mind. Possibly some one better versed in modern ideas of the action of the brain can fully explain the case. I have on my list several other cases that have come under my observation and that have been reported by others, but think the above will suffice to answer the points under discussion.

#### DISCUSSION.

Dr. L. E. Russell.—I wish to emphasize the necessity of carefully examining the skull before sewing up any wound of it; not only is this necessary, but make a clean line incision and use an interdermic suture, not an interrupted one, thus closing the wound perfectly. Don't be hasty, but examine carefully and keep the wound aseptic. Shave the scalp carefully, scrub with green soap and wash with alcohol, make a clean edge, as torn edges will not unite. In all operations upon the skull be sure and keep away from the sinuses.

Dr. Beckwith.—I can make a cleaner cut with scissors than I can with the knife.

Dr. Winans.—I do not believe that one is justifiable in all cases of compound fracture of the skull in making an examination for loose spiculæ of bone in the cavity of the skull.

Dr. Martin.—I wish to emphasize the necessity of extreme antisepsis in wounds of the scalp and skull.

Dr. Palmer.—Much can be said of how much we can do and how we shall do it. Cases of Jacksonian epilepsy are at times caused by such injuries and relieved by the proper operation.

**INGUINAL HERNIA.**

**By Austin S. McKittrick, M. D., Kenton, O.**

By inguinal hernia is meant one occupying wholly or in part the inguinal canal.

Internal or direct inguinal hernia is the protrusion of some of the abdominal viscera through the abdominal wall at the external abdominal ring, without having traversed the inguinal canal.

Hernia indirect, oblique or external, is one in which the protrusion occurs at the internal canal and passes along the inguinal canal. About 90 per cent. of all hernias in the male are inguinal, and about 40 per cent. of all hernias in the female are of this variety. Inguinal hernia is either congenital or acquired. Direct or internal hernia is always acquired and usually, therefore, is found late in life. Inguinal hernia is reducible or irreducible, depending on whether the contents can or can not be returned to the abdomen.

**DIAGNOSIS.**

History, age, sex and occupation have some bearing. Did the protrusion come suddenly or gradually; whether they have pain, either at the inguinal canal or over the abdomen. Do they have bronchitis? Are they constipated? Is the swelling reducible? Differential diagnosis between inguinal hernia and hydrocele is not always easy. Inguinal hernia may develop suddenly when the intra-abdominal pressure is increased, but if it comes slowly the swelling is first noticed in the abdominal wall. In hydrocele the swelling begins at the bottom of the scrotum and extends upward, and with a rare exception of communicating hydrocele they do not suddenly change size.

In hernia the tumor is not transparent; in hydrocele the tumor is usually transparent, but occasionally, owing to blood in the sac, is not. If you draw the tumor away from the abdomen you will be able to feel nothing at the highest point except the cord and its blood vessels, while in hernia you will feel more than the cord.

Percussion not satisfactory except occasionally; the note in hernia may be tympanitic while in hydrocele it is always dull. Occasionally you have both conditions. Inguinal hernia protrudes above Poupart's ligament and femoral hernia below it; but sometimes they look much alike, and a large femoral hernia is forced up till it looks very much like an inguinal one.

Find the public spine. This lies below and outside the inguinal canal; it must be below and outside the inguinal hernia; and it is inside the femoral ring, and consequently is inside the femoral hernia. Tumors and enlarged lymphatic glands are generally easily differentiated.

## CAUSES.

The first or prime cause is a weakness in the abdominal wall. A hernia is not a sudden thing. The completion of a hernia is frequently sudden and the protrusion of the viscus into the already formed sac is quite liable to be sudden. In congenital hernia the sac is there at birth owing to some disturbance of development. There is no indication of this sac till there is some increase of the abdominal pressure which may be caused by coughing, sneezing, crying, lifting, etc., which forces the intestine or omentum into the already formed sac which completes the hernia.

**From Ferguson's Modern Operations for Hernia (by permission).**

Acquired hernia makes its appearance gradually. The protrusion is easily movable on its bed of areolar tissue. The inguinal canals being weak places in the abdominal wall, by long continued intra-abdominal pressure, the peritoneum is forced through the weak place in the abdominal wall a little farther each time. Heavy lifting, pregnancy, coughs, constipation, phimosis, etc., are frequent causes.

The most serious and dangerous thing that occurs to a hernia is strangulation. This almost invariably occurs suddenly. There is a sudden stinging, sharp pain at the hernial orifice and the hernia can

not be returned to the abdominal cavity. This is followed by nausea and vomiting. If the intestine is incarcerated, neither feces nor gas are passed, but if omentum, of course there will not be this symptom. There will be fluid thrown out in the sac, unless the constriction is so tight as to shut off the arterial circulation at once. The completeness of the constriction will determine the rapidity of the ensuing symptoms.

If not relieved by reduction with or without operation, the intestine becomes gangrenous, the inflammation extends to the peritoneum within the abdomen and death follows. Taxis should be tried if the patient is seen early, or before the inflammation is great enough to endanger the rest of the peritoneum, by reducing a gangrenous intestine, or carrying infection into the peritoneal cavity. The patient should be given an anesthetic and completely relaxed. He should be placed on a board with his feet elevated to an angle of 45 degrees. Compress the neck of the tumor with the left hand. Make constant but gentle pressure on the tumor. Draw it to one side and then to the other, then draw it away from the abdomen and try again. If a gurgling is heard you have succeeded at least in part and likely will soon be rewarded by success. You should pass the finger through the ring into the abdomen to make sure.

Taxis should not be tried very long; ten or fifteen minutes usually suffices if you are to be successful.

I would impress on you the importance of being gentle with your manipulation, as you might rupture a necrotic intestine; or you might force intestine, constriction, and all, within the abdominal cavity by separating the peritoneum from the abdominal wall.

Operation in strangulation is practically the same for the radical cure except when it is complete enough to require resection, and any one with a little surgical experience should be able to perform the operation. If it has been strangulated long and completely enough, it might require experience to determine whether the intestine should be returned to the abdomen or resected. If wrapped in a sterile gauze sponge wrung from normal saline solution for a few minutes it should, if not beyond repair, change in color from black to red. If the hernial fluid is cloudy, or contains pus, or has a fecal odor, it is most likely that the contents are beyond repair. Also, if the peritoneal covering of the intestine is rough with a fibrinous exudate, it is likely beyond repair.

#### RADICAL OPERATION.

A great many surgeons have an operation bearing their name, but in most cases the change is of a trivial or unimportant matter, as a particular stitch or a little change in incision. The Bassini, and

Kocher, and Ferguson, are perhaps the only ones that differ enough to justify mention. Kocher differs from Bassini only in treatment of the sac, and Ferguson in disposal of the cord.

I will describe the operation as I usually perform it, which I need not say is only my adoption of what has seemed best from all sources at my command.

**From Ferguson's Modern Operations for Hernia (by permission).**

Beginning above the scrotum, make an incision over the center of the inguinal canal and extending above the internal abdominal ring, carrying it through skin, superficial fascia and fat, to the aponeurosis of the external oblique muscle, which should be incised and the muscle fibres separated with the handle of your scalpel. The hernia sac is now separated from the spermatic cord, opened, and contents returned to the abdominal cavity, unless there is adherent omentum in the sac. In that case, the blood vessels of the omentum should be tied and the omentum cut off, and the remainder returned to the abdominal cavity. The sac is tied firmly as high up as possible and cut off. This is very

important. If the sac were left intact there is no way of suturing or closing the ring or canal that will be successful.

The internal oblique muscle, the conjoined tendon, and transversalis, are united to Poupart's ligament with twenty day chromicized catgut, No. 2, with four or five interrupted sutures, care being taken not to draw them too tightly. The needle should be passed from within outward through the tissues and Poupart's ligament, in that way avoiding accidentally injuring the internal epigastric or iliac vessels.

[ From Ferguson's *Modern Operations for Hernia* (by permission). ]

The aponeurosis of the external oblique is stitched with a continuous chromicized catgut suture; next, the skin is closed with interrupted silk-worm gut sutures. You will notice that the cord has not been disturbed as in Bassini operation. Dust with Bismuth Formic Iodide, and apply plenty of gauze, keeping firmly in place with rubber adhesive plaster. The patient may be allowed to sit up in twelve days and leave the hospital at the end of two weeks, and be able to follow his occupation in four weeks.

Through the courtesy of the publishers, *The Cleveland Press*, of Chicago, I am able to show you the accompanying cuts taken from Ferguson's splendid work on this subject.

## DISCUSSION.

Dr. L. E. Russell.—I personally prefer and recommend small silver wire in place of the chromicized catgut. I do not use Bismuth Formic Iodide, but allow a little blood to remain on the wound, which forms a sealing medium.

Dr. McKittrick closed the discussion by asking if any abscess would follow the use of the silver wire.

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**SURGICAL CASE REPORTS.**

**By J. Stewart Hagen, M. D., Cincinnati, O.**

CASE NO. 1.—Supra-vaginal hysterectomy for removal of uterine fibroid.

**HISTORY:** Patient 45 years of age; mother of three children; delivery normal in all three cases; metrorrhagia extending over period of three years, varying in severity. Suffered with what had been diagnosed as malaria fever, but which proved to be septic poisoning. When I saw the patient her temperature was fluctuating between 100° and 103° F.; body was covered with a rash which resembled that seen in scarlet fever; patient complained of pain in lower part of the abdomen and stated that she was menstruating very freely; the menstrual blood being very dark and possessing quite an unpleasant odor. Palpitation of the abdomen revealed a nodular mass of considerable firmness. After thorough flushing of the bowels with sulph. of magnesium, the temperature became normal. I then made a more thorough examination by putting the patient under the influence of an anesthetic, which revealed the true nature of the mass. I then advised immediate operation, the patient consenting. I removed her to the Seton Hospital and gave three days of careful preparation, consisting of rest in bed, thorough flushing of the bowels, light diet, scrubbing the abdomen, and removal of hair over pubes. This preparation I consider as very essential to the success of all abdominal work.

**OPERATION:** The operation is thus described briefly:

Patient was placed in a Trendelenberg position; an incision was made in the median line 4 inches in length; as soon as the peritoneum was opened, the intestines dropped back, revealing the fibroid uterus, about the size of the two fists. Examination of the tubes and ovaries showed both to be diseased, which is usually the case in uterine fibroma.

A large corkscrew was inserted into the mass; slight traction brought the tumor well into view. A single ligature was passed through the broad ligament near the pelvic wall and tied; this did not include the uterine arteries; another ligature was tied close to the uterus in the broad ligament. The tissue between these two ligatures

was cut through, the same procedure was repeated on the opposite side; this method of ligating safely included both ends of the ovarian vessels. The uterine arteries were next ligated close to the wall of the cervix so as not to include the ureters in the grasp of the ligatures, and with scissors curved on the flat I cut the enclosed tissue. Then passing the knife around the body of the uterus in front just above the peritoneal reflexion of the bladder and a little lower behind, the peritoneum was stripped down, forming an anterior and posterior flap. The tumor was then amputated by a "V" shaped incision; the ligatures used in tying off the ovarian and uterine vessels were then tied together, bringing the stumps on each side directly in apposition, to insure a more perfect union. The stumps were stitched together with catgut; then the two flaps were brought up so as to completely cover the stumps, and whipped together with catgut; this brought all traumatic surface extra peritoneal, also making a good pelvic floor; a drainage was put in through Douglas cul-de-sac because of previous history of septicaemia; this was removed within 36 hours. The patient made an uninterrupted recovery, remaining in the hospital 18 days after operation.

#### Uterine Fibroid.

Upon section of the tumor I found it to contain all the varieties of fibroids, submucous, interstitial, and the subserous; the presence of the submucous (sessile) fibroid within the cavity of the uterus no doubt caused the existing metrorrhagia, acting as a foreign body and resisting complete contraction of the muscular fibre; this sessile fibroid can be seen very plainly in the photograph.

I think the specimen is one of the prettiest I ever saw. Since the removal of the tumor and adnexa the patient's general health has improved, and her sexual desires have returned after an absence of several years.

Microscopic examination showed the tumor to be a true fibromyoma.

CASE No. 2.—Amputation of breast for malignancy.

HISTORY: Patient 48 years of age; noticed small nodular mass in



left breast for about 2 years. No great amount of pain except during the last few months. The mass was at first movable, but soon became adherent to the skin and to the pectoral muscle. The skin had the characteristic appearance, called "pig-skin." There was no retraction of the nipple, as the tumor was located above; retraction occurring when we find the tumors below. I found considerable enlargement of the lymphatic glands of the axilla.

OPERATION: I made an elliptical incision, the outline of which included the nipple and central portion of the tumor growth, and was extended along the lower border of the pectoral muscle to a point above the axilla; this allowed a thorough dissection and exploration of this important and dangerous locality. As soon as the incision was completed, I grasped the breast with a large double-toothed tenacula forcep for the purpose of making extreme traction. This procedure is most important in breast amputation as it lengthens the blood vessels and thereby reduces their caliber and ability to bleed; a very important feature to be guarded against, as small hemorrhage means little or no shock. Then proceeded to dissect the skin from over the gland; this accomplished, I rapidly removed the breast, encountering very little hemorrhage; the vessels that did bleed were grasped with hot towels, and the flaps being held together with single tooth tenacular forceps while I proceeded to remove all the lymph nodes from the axilla and from beneath the pectoral muscles. I found it necessary to split the muscles to remove some of the glands; this being done, an opening was then made in the most dependent place for drainage, and without ligating a single vessel, the incision was closed with an intradermic silkworm gut suture.

The next day the dressing showed very little leakage, except that brought down by the drainage.

This traction method was first introduced by Dr. L. E. Russell, of Cincinnati, to whom should go the credit, as it certainly has its advantages over the old procedure, and has not as yet been described by any surgical work.

By way of suggestion, it might be added that this method can be used in the removal of any mass receiving its nutrition through large blood vessels.

#### DISCUSSION.

Dr. McKittrick.—I believe it advisable and would suggest the propriety of the early removal of all breasts with suspicious growths.

Dr. L. E. Russell.—I have advocated for some time the use of retractors to pull the breast away from the abdomen so as to limit the hemorrhage. This traction draws on the blood vessels so as to diminish their caliber. One can use for this purpose and with good effect, a corkscrew retractor.

**Fulton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 116: Mrs. M., age 60, referred to the clinic by Dr. Whitacre, of Prairie Depot, Ohio, on account of impaction of a tumor mass in the pelvis which almost completely obstructed the bowels and by reflex conditions made life almost unbearable. The patient, after being properly prepared for the operation, was anesthetised, and on making a bimanual examination it was determined that it would be impossible to do a vaginal hysterectomy in this case. We therefore resort to an abdominal hysterectomy and always with as short an incision through the abdominal walls as seems possible to extricate the tumor, often times using much force to deliver through the incision. There is always some difficulty experienced in abdominal hysterectomy in patients who have passed the menopause, the muscles in the broad ligament are inelastic, and in a majority of these cases we are obliged to strip the peritoneum from around the uterine mass before much advancement can be made in lifting the tumor out of its bed in the pelvis. It is my custom in doing an abdominal hysterectomy to ligate the ovarian arteries as closely to the uterus as possible, so that the severed tissue may be used to implant into either side of the flaps of the anterior and posterior uterine peritoneal tissue, in the completion of the operation, with two objects in view: 1. To get rid of all traumatic surface in the pelvis, allowing drainage that may take place to pass down through the canal, from which the uterine cervix has been dissected; 2. To utilize this tissue in either lateral part of the pelvis to act finally in the permanently hold-up, and preventing cystocele and rectocele.

In doing these operations we always wall off the abdominal cavity with quite a number of laparotomy gauze sponges, wrung out of hot normal salt solution, thus preventing handling of the intestines and effectually damming off the abdominal cavity from the pelvic, holding the heat of the abdominal viscera and preventing shock.

This patient, though 60 years of age, leaves the operating table without a particle of shock, and now, some two weeks following the operation, has made a perfect recovery.

We find on opening the tumor the three varieties of uterine fibroid-sarcomas, namely: 1. sub-peritoneal; 2. interstitial; 3. sub-mucous.

The submucous variety generally gives the patient much pain and solicitation on account of the effort of the uterus to expel from

its cavity the offending tumor, which is always accompanied more or less by a mucoid or bloody discharge, and the diagnosis between this condition and uterine carcinoma is not easily made.

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### **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

The necessity for examining the eyes of school children is being more fully understood each year, and the Boards of Education in the larger cities are appointing examiners, or having the teachers instructed in the methods of determining whether or no their pupils have enough refractive error to necessitate the wearing of glasses.

The very fact of defective vision, especially if it is considerable, being present, will make a marked difference in the disposition of the child, and also in its ability to learn. The common error of classifying all cases as "near-sighted" because the work is brought close to the eyes is too often detrimental to the child. An optician is seldom, if ever capable of fitting glasses for children, even if they have taken all of four weeks in a school for "fitting glasses," or have taken a correspondence course for the same purpose. The optician should bear the same relation to the oculist, that the druggist does to the physician, and, in fact, this seems to be the case for unfortunately both prescribe for their customers with the same amount of complacency.

It is unfortunately true that every so-called oculist is not competent, as is true of some so-called physicians; but even so the oculist is better able to determine what is required than the vender of spectacles.

There are two forms of refractive error which simulate myopia in so far as bringing the work close to the eyes, but it does not require an expert to determine the fact that myopia is not present. A hyperopia of from 4.00 D. to 8.00 D., or a hyperopic astigmatism of from 3.00 D. to 6.00 D., will necessitate bringing small objects close to the eye to see them with any degree of clearness. These patients are also unable to see distant objects, being nearly as defective as a myope of 2.00 D. or more. Under such circumstances the question naturally arises, how can the nature of the error be determined excepting by an expert? Very easily, as a rule. A myope sees objects within the range of vision larger than normal, while in hyperope the objects are smaller. The myope will see the smallest reading type (Diamond), but the hyperope will be unable

to distinguish type three or four times this size. If the amount of hyperopia or hyperopic astigmatism is considerable, the patient will bring the smallest type that can be read nearer the eye than a person with so-called normal vision, as the nearer the eye the larger the retinal image.

The fine type usually used in newspapers for market reports will be easily read by a myope, but the other two classes spoken of will be unable to read them at all. This is an almost sure test of myopia or hyperopia, and does not require the expert to determine; but when it comes to correcting the defect, it can only be done by careful work on the part of one versed in the work.

In the case of myopes, they are usually sedentary in their tastes, either studious or inclined to work which requires little physical exertion. In the other cases the reverse is usually true; they are not studious, nor are they inclined to any work requiring close use of the eyes. They can not do so and unfortunately, as their vision for distance is limited; they too often become morose, and the tendency is to become vicious or criminal in their tendencies.

A large proportion of criminals and degenerates, and the two terms are practically synonymous, have defective vision. I believe if carefully gathered statistics were available, it would show that this group would show a large majority were of the hyperopic or hyperopic astigmatic class; but it is only recently that this subject has been studied regarding the criminal classes, and so it is at present impossible to determine definitely the influence of defective vision upon the race.

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### Periscope.

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#### THE DANGEROUS HEADACHE POWDER.

Since the introduction of the coal tar products to the medical profession their use has increased at an alarming rate. Although the doses have been greatly reduced in amount on account of their depressing effect and in some cases fatal terminations, there are deaths reported from time to time due to the indiscriminate use of headache tablets and powders containing acetanilid and antipyrine. Small doses of acetanilid and antipyrine act as antiseptics and relieve pain through their depressing effect on the nervous system, but they should be prescribed by a physician. The habit of taking acetanilid and antipyrine continuously for headache will in time lead to chronic poisoning.

It has become quite a fad for women especially to carry a packet of headache powders for "neuralgic and nervous headaches" due to anxiety, overwork, eyestrain, constipation and menstrual disorders.

The general practitioner is often called hurriedly to see a patient who has suddenly become weak, cyonosed, chilly, very nervous, with muscular twitching of the extremities, and after a careful examination will finally elicit the history of the patient having taken headache tablets or powders in doses much larger than directed in order to relieve pain, induce sleep or steady her nerves in order to keep a social engagement.

J. L. Miller, Chicago, reports in the *Journal A. M. A.*, June 24, a death from orangeine poisoning. The patient had been warned of the danger but persisted in using the powders. Miller calls attention to the danger to the public having free access to such a remedy, which is advertised as harmless. The public will use it without the careful dosage which a physician would require, if he gave acetanilid. Analyses of orangeine show it to contain a large proportion of acetanilid.

Stewart reports a considerable number of cases of chronic acetanilid poisoning. Special attention is given to the condition of the blood and of the urine. The blood picture is quite characteristic. 1. The hæmoglobin can not be estimated, on account of the presence of methæmoglobin, which gives the characteristic chocolate color to the blood. 2. The red cells are usually reduced in number and are more or less deformed. 3. There is usually leucocytosis. In cases of severe chronic poisoning by acetanilid and related coal tar products the symptoms are usually very similar as concerns progressive mental and physical debility, which later often reaches a high grade. There is cardiac weakness, with more or less pronounced cyanosis. Apart from the usual chocolate hue of the blood so noticeable on puncture, the blood picture, were it not for an almost invariably present leucocytosis, would suggest pernicious anæmia.—*Medico-Chirurgical Journal*.

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#### **"LOOK FOR THE UNION LABEL."**

There is a strenuous effort to trade-unionize the American medical profession, even to the extent of requiring the "union label" on all medicinal products, in the form of the indorsement of the Council of Pharmacy and Chemistry of the American Medical Association. Read the following in the March number of the *California State Journal of Medicine*:

"Any remedial preparation that you do not find in the list of 'new and non-official remedies,' as issued by the Council, is one to look

upon with suspicion; it *may* be a good and legitimate product, but the chances are that it is not, or that the proprietors have uttered exaggerated statements as to its value."

Are we to assume from this that the Council or its misadvised friends propose to institute a boycott against all medicinal products, whose manufacturers refuse to be fitted to the Procrustean bed which has been especially built for them? It looks so — in spite of the fact that when the Council was established it was distinctly stated that the absence of any product from its "extra-pharmacopeia" was not to be regarded as prejudicial to such product. It looks now as if the great Association proposes to raise the cry of "scab" against every manufacturer of sufficient independence of character to refuse to conform to the exactions of the Council, some of which are inane and unjust.

While studying over this proposed boycott, it is worth your while to bear in mind the following facts: That of the 250 odd preparations thus far "passed" by the Council, less than 60 are American; the balance are foreign products, mostly coal-tar synthetics. There are dozens and dozens of these of which the average American physician has never even heard, and whose therapeutic uses are but imperfectly known. Furthermore, please note that of the 59 American products admitted, *one house* has 23. The following American firms are not represented — not even by a single product: H. K. Mulford & Co., John Wyeth & Co., McKesson & Robbins, William R. Warner & Co., Eli Lilly & Co., William S. Merrill Chemical Company, Lloyd Brothers, The Abbott Alkaloidal Company, and also practically all of the proprietary manufacturers, good, bad or indifferent — in fact we can now think of but one of the last which has been let in, and that one with a product which is a spy-employee pirated imitation of antiphlogistine.

It is also worth while to remember that of the fifteen members of the Council *not one is a practicing physician*. Practically all are pharmacists, pharmaceutical teachers or chemists, not one of whom is fitted, by practical experience, to pass upon the therapeutic efficiency of a single preparation; and yet they can "black-ball" on the charge of "exaggeration" — as well as upon a number of other points having no bearing upon the merit of the preparation whatever. Yet the findings of the Council are to be made the basis of a systematized attack upon all manufacturers who decline to apply for admission, for any reason whatsoever, to the "extra-pharmacopeia" — is that what we are to understand? Let us have a frank statement of your purpose, gentlemen. It will clear the atmosphere.—*Clinical Medicine*.

**ABDOMINAL SYMPTOMS (ACUTE.)**

The author discusses the significance of acute abdominal symptoms as follows: *Pain*.—In perforations of the stomach and intestines the pain is usually extremely severe, constant, and burning, and localized at first, it soon spreads over the abdomen. In rupture of cysts the pain is diffuse from the start, and not so severe. In rupture of the appendix the pain is usually associated with colicky pains in the umbilical region. Gall-stone pain is epigastric, passes through to the back and shoulder, and is not spasmodic. Renal or ureteral pain is of the same character, but shoots down to the scrotum and thigh. *Tenderness*.—This is marked from the first in cases of inflammation and rupture, and is greater on percussion than on pressure. The reverse is the case in strangulation. The seat of disease is generally indicated by an area of marked tenderness. In the passage of renal or biliary calculi, pressure seems to relieve the pain. *Abdominal Rigidity*.—This is a very marked symptom is peritonism, and is most marked over the seat of disease. In the early stage it is general over the abdomen. If it persists it means either rupture or general peritonitis. In bad cases it may disappear and give place to distention. *Vomiting*.—This occurs early in many cases and is not a sign of much diagnostic value. It is its persistence which is of the greatest importance, as pointing to some mechanical obstruction. The character of the vomited materials may be a guide. *Collapse*.—This indicates rupture, internal strangulation, or hæmorrhage. Its degree depends greatly upon the severity of the case, more especially upon the suddenness and amount of the extravasation. A slight leak will not have the same effect as a sudden and free discharge into a previously healthy peritoneal cavity. Collapse in inflammatory affections is of grave significance, pointing to perforation or gangrene. It is a strong indication for operation. *Rigor*.—This generally indicates some inflammatory condition. *Pulse*.—Increase in the pulse-rate is common; it usually rises comparatively slowly in inflammatory conditions. A rate of 120 or over indicates a serious state of affairs. *Temperature*.—Early elevation of temperature separates inflammations from strangulations, herniæ, etc. *Gas*.—This is always a sign of rupture of the alimentary canal. W. W. Cheyne (British Medical Journal, June 17, 1905).

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Before attributing enlargement of the liver to a surgical condition, exclude chronic hepatic congestion of cardiac disease.

The superficial location of the ulnar nerve must be borne in mind when incising an abscess about the inner aspect of the elbow.

American Journal of Surgery.

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## IPECAC.

Of all the remedies of the materia medica with which we have had experience, not one has given us the full measure of satisfaction that has come from the use of ipecacuanha.

Its field of usefulness is so wide that its administration is not to be confined within the limits of any one of the ordinary drug classifications. Of course, it is an emetic; but even at this there are far better ones, and when used as such, there should be some discrimination as to the case. It is certainly not so safe and efficient that every mother should be constantly provided with a bottle of the syrup to meet the threatened attack of croup without consulting the physician. It is not safe; because, if thorough emesis does not follow its administration, it is possible for a sufficient amount to be retained to cause great distress and irritation of the digestive tract, manifested by purging and depression even to a dangerous degree. Susceptibility to its action varies greatly. The smallest dose frequently does wonders; the smallest particles of the powder or dust, in some persons, cause coughing, sneezing, lachrymation, conjunctivitis, etc. It has been recommended as an antiseptic to be used locally. It has a sufficient activity to produce redness, vesication, pustulation, ulceration, etc., if long continued. Systemic effects follow its local use. It is said that ipecac, locally, will destroy anthrax bacilli. We speak of these things particularly to demonstrate the strength or activity of the drug,



It is our intention to write more particularly of the internal use of ipecac. The indications for an emetic, that is, to produce its systemic effect, are a foul, dirty, broad, full tongue, heavily coated at the base, full tissues (never pinched), sallow skin, corners of mouth drooping, nausea, disgust for food and drink, weight and oppression over the epigastrium—everything is sluggish. There is no absorption or assimilation. All functions are at a standstill, as it were. Now, to us, it seems that these symptoms or indications are far better met by lobelia and some other drugs, than by ipecac. For this reason we do not use or praise ipecac as an emetic. It is for its general action that we admire it, and the one word that covers its general indication is *irritation*. It is much the same kind of irritation that is produced by an overdose of it. There is excitement with hypersecretion; the tongue is elongated, narrow, contracted; its tip and edges are red; there is usually disturbance of the digestive tract, or of the respiratory tract, and the conditions as here given are of *irritation*, and, to us, present a picture of direct contrast from those given above as indicating a general emetic. There is no doubt as to ipecac producing emesis when given in sufficient quantity. But while there are better and far more efficient general emetics, and all who have used ipecac must agree that in the small dose and in the proper case ipecac has no superior as an *anti-emetic*, we believe that ipecac influences the sympathetic nervous system as does no other remedy. It does well in many cases in which rhus tox might be suggested. We do not mean by this that ipecac can take the place of rhus, nor that rhus can take the place of ipecac, but that there is a similarity of symptoms, especially in their totality, between the two drugs. The action of ipecac is widespread. It is a splendid stomachic when given to the proper case. Too much of it causes gastric hyperemia. The small dose increases the flow of saliva, of the gastric juice, and aids digestion. As a stomachic it may arrest vomiting when nothing else will, and as such it is a well recognized remedy in the vomiting of pregnancy. Its action in some cases of dyspepsia and functional stomach derangements, for reasons given above, is very satisfactory.

In 1672, ipecac was known to Piso and throughout Europe as a remedy for dysentery. In 1688, Louis XIV. purchased of Helveticus, a Dutch physician, the secret of its use in this malady, for 1000 louis d'or. It was written upon by Balmain, in this same disease, in 1797; by Playfair, in 1813; by Twing, in 1831, and by almost every writer upon therapeutics since these times. It is usually considered as a *specific* for dysentery. It is not. However, it is a most excellent remedy in some cases and in some phases of the disease. The ipecac

indications, as above given—*irritation*—must prevail, otherwise it may do harm. Usually the dose recommended is too large, and even though later the patient becomes more tolerant to its effect, the large dose may prevent the cure; and while occasionally it may be of good service in chronic cases it is usually more useful in the acute stage of the disease, before chronicity with depression and subacute symptoms is marked. These same declarations will apply as well to the use of ipecac in the treatment of diarrhea, and of the bowel troubles of teething children, of summer complaint, etc. You can trust ipecac in the properly selected case. There is no need of bismuth, opium, chalk, or of any other astringent. They, like the large dose, prevent the cure. Ipecac, in diarrhea as in other diseases, is not so good a remedy in chronic cases because they have passed the stage of irritation.

Ipecac is a cholagogue. It directly increases the secretion of bile, and we all know what purpose bile serves in the human economy. It is a remedy for "biliousness"—a bile persuader. It is added to cathartics because of its impress on the liver and because it lessens their irritating qualities. It stimulates absorption and elimination. We are all familiar with its action in chronic constipation—of what value it is in the lapactic pill, etc. Because of this liver action ipecac is an excellent remedy in many cases of chronic jaundice, and the jaundice of teething children or babies. In these cases the tongue is red at tip and on the edges, there is irritation, the stools are frothy, foul, green, bloody. It is not the remedy for jaundice when the tongue is broad, pale, dirty, full.

For many years we, as eclectics, have been taught the value of ipecac in small doses in respiratory troubles of old and young. No drug known to us exerts so specific an action upon the nervous system, and through it impressing circulation, elimination, etc., as does ipecac in bronchitis, pneumonia, etc. We would not know how to treat many cases of bronchitis in children—babies—did we not have ipecac. There are more ipecac cases among these, proportionately, than among adults. Ipecac symptoms do not prevail in all cases—they do prevail in many cases, and especially in the early stages. Frequently the case has passed the ipecac stage when the physician is called. Usually when given early there is no *late* stage. Remember the *small* dose. Large doses paralyze vasomotors, cause weak heart action and other dire consequences. Properly given ipecac is a mild diaphoretic. It relieves nervous tension. In this respect its action much resembles that of external applications of heat or warmth. Ipecac is a great cough remedy because it relieves this nervous irri-

tation. Think of it in the cold weather coughs—the coughs in measles, influenza, in whooping cough, in bronchitis, laryngitis, phthisis, in tonsillo-pharyngitis, etc. Because of its sedative or relaxant effect it is very much an expectorant, if this is ever to be desired. It is not always necessary to add bryonia or aconite to the ipecac or to alternate them with it. They frequently do harm. They positively, in some cases, are contraindicated. They cause symptoms that ipecac will relieve. Have faith enough in your indicated drug to give it alone. If you can not see the indications for it, do not give any drug or combination of drugs. Quack it by giving placebos. We say this truly, because it is less likely to produce harm. Everybody knows the value of ipecac as a diaphoretic in Dover's powder, and in Beach's diaphoretic powder. To us it is absolutely true that the profession and the people would be by far better off if one of these powders were used instead of the convenient morphine. They are anodyne, diaphoretic, relaxant. Pain can not exist where there is relaxation—absence of spasm. The ipecac relieves tension, spasm, pain; causes gentle perspiration, relief, sleep, rest; and it does not produce after-effects. And the dose does not need to be large. Don't give these powders with dirty tongue, etc. Give them in the very early stage of bronchitis and you will have no pneumonia; give early and there will be no *chronic* diarrhea or dysentery. They relieve pain and promote prompt diaphoresis. These powders have no equal as anodynes in the treatment of some cases of rheumatism. They allay pain and increase skin action; they do not block the secretions. The ipecac is certainly the remedy of the combination, as without it the formula of either is of no importance or consequence.

To us, for years, ipecac in the small dose has been a most reliable hemostatic. Let it be hemoptysis, hematemesis, epistaxis, or what not, ipecac is *frequently*, not *always*, the remedy. It is not because of its astringency. It relieves the nervous tension, lessens the *irritation*, and allows nature to effect the cure. When the nervous system is right nature will do right in hemorrhage—the vessel will retract and contract—and the hemorrhage must cease. We would not rely upon the small dose of ipecac (or any other remedy for that matter) in post-partum hemorrhage, when great open-mouthed sinuses are belching out volumes of blood. But in all ordinary hemorrhages when there is *irritation*, ipecac should be considered. Nor is it necessary to give it in doses sufficient to nausea. It should not cause emesis. The efforts incident to vomiting may prevent the relief desired. Have confidence in the small dose given for its direct effect. Ipecac will relieve hemoptysis by lessening nervous tension, decreasing heart action, and the consequent pulmonary congestion.

We might extend this paper over a much larger field of therapeutics. It is not necessary. Enough has been given. *Irritation* is the *indication* for ipecac; the opposite condition is positively a *contraindication*.

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BLOYER.

## THE THERAPEUTICS OF ACONITE.

[Concluded from page 566]

Notwithstanding that the heart is the organ where safety is most to be feared in administering aconite it is a little singular that it is a remedy of marked value in some forms of heart trouble. Thus in palpitation of that organ, due mostly to nervous causes, as nervous irritation, aconite gives decided relief. It has been advised in angina pectoris where the heart is known not to be weak, and in congestion of heart and lungs combined.

In cystitis, acute nephritis, and in gonorrhoea with febrile symptoms, it is a remedy of power and vies with gelsemium for the place of honor.

Aconite is a remedy to restore checked secretions. Aconite alternated with diaphoretic powder and a foot bath is an admirable combination to "break up a cold"; aconite alone may be relied upon to re-establish the menstrual flow when checked by cold, by getting wet, or when fever is present; to restore the urinary secretions when checked by cold; and most frequently, in alternation with belladonna to restore cutaneous activity when checked by cold, or exposure to inclement weather. In la grippe it is a remedy of prime importance and here we have never known it to do harm as has other antipyretics, notably the coal tar series.

Aconite is sometimes a remedy for pain, though this property is not marked. In such painful affections as pleurisy it allays pain by allaying inflammation, not by any other pain relieving qualities. Occasionally however, it does relieve pain in non-febrile and non-inflammatory disorders, such as dental neuralgia, facial neuralgia, the neuralgia preceding herpes zoster, sciatic neuralgia and visceral neuralgia. Its action is more efficient however, when fever is present.

Aconite has its limitations. Though of value early in diphtheria it is of little value late in the disease or when septic processes predominate. It is of limited use only in the septic fevers, such as puerperal fever. In pleurisy it is an admirable remedy until exudation occurs and then it is of little value. In pneumonia it may check the disease if given early and it is a remedy of first importance in the first and second stages; after then it is of little value, if not detrimental. In mastitis it is one of the best of remedies. Aconite, bryonia, and

phytolacca will do wonders in the early stage and with proper nursing are likely to avert the formation of pus. After pus begins to form its usefulness is at an end. Aconite assists bryonia, asclepias, phytolacca, belladonna, rhus, baptisia, and other remedies in inflammatory and febrile disorders; for each without the other would prove futile.

Nowwithstanding that we have cautioned in regard to the use of aconite in asthenic or adynamic cases, we have done so chiefly because the tendency is to employ too large doses. Hence the necessity of fighting shy of danger. Nevertheless aconite in the minute doses is a desirable remedy in certain asthenic conditions as shown by its value in congestive chill in Asiatic Cholera, and in the cold stages of fever. We do not hesitate to use it in typhoid fever when the quick, rapid pulse is present but the dose has always been minute. Therefore, we repeat, that if used at all in such cases only the minute doses should be employed. We seldom add over (3) three drops of specific aconite to (4) four ounces of water, the dose of each mixture being one teaspoonful every one or two hours.

While we have enumerated many conditions in which aconite has truly a medicinal action we would emphasize the following specific indications must be present to get good results. The most direct indication is the small and frequent pulse, whether compressible or corded. Others are the asthenic febrile state with or without restlessness; the dry, hot skin, with small, frequent pulse; chilliness upon movement; irritation of mucous surfaces with vascular excitation and determination of blood; and hyperemia. Observe these guides and employ the small or medicinal doses and you will be pleased with aconite as a medicine.

FELTER.

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### IGNATIA AMARA.

This has been used by the Homeopathsists for many years and it certainly seems to occupy a field of action quite its own. It is prescribed under much the same conditions as nux vomica, but there are certain distinctive diagnostic points which must be made in the directing of these two remedies.

It exercises a satisfactory nerve tonic influence, but has less nerve irritating properties than the last named remedy. Nux vomica is advised where there is general weakness with lack of tone; where the digestion is impaired, and where, with weakness, there is severe back-ache, or where there is marked feebleness of the heart which is not necessarily due to organic change.

The indications for Ignatia are very similar to those just named, with the addition that there may be a tendency to mental disorders with suffocating hysterical sensations, or the *globus hystericus*, and nervous headache may be present in feeble women, with sleeplessness.

During the establishment of the menses at the age of puberty, it is of much benefit, and at the menopause if the above named symptoms are present, with other causes of nerve irritation. There will be weakness of the nervous system, lack of appetite and a tendency on the part of the patient to take a very despondent view of the probable outcome of things.

A prominent writer says that Ignatia is primarily a spinal remedy. That it seems to increase the impressibility of all the senses. It is indicated when there is melancholia, with a tendency to weep, or when the patient hides his grief and nurses his sorrows, endeavoring to keep them concealed. The patient is apt to be sensitive and easily irritated but does not disclose this irritation. She may have a sense of pressure on the top of the head, but little appetite, and be inclined to renew her grief over causes long passed.

With *nux vomica*, the excitability is exhibited by anger, vehemence or irascibility. Patients who are relieved by Ignatia will alternately laugh and cry, the spasm increasing in violence until the laughing becomes spasmodic with inclination to cramping of the hands or of the feet. In extreme cases, these cramps may be mistaken for convulsive paroxysms.

This remedy will remove the hiccough, flatulency and distress of the stomach and disorders of the intestinal tract which are present during hysteria, as well also aphonia, amenorrhea or severe leucorrhœal discharges which may be present during hysteria. There is no doubt that it improves the vitality and the nervous tone and promotes normal functional activity of the nervous system, especially in that class of patients which are anemic and have cold skin and cold extremities, with flabby, inelastic tissues and which are forgetful and lack the power of mental concentration.

The proper dosage is from fifteen to twenty drops in four ounces of water, two teaspoonsful every two, three or four hours.

ELLINGWOOD.

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### THE GRINDELIAS.

The writer may be accused of playing too much on one string, but as so little is written upon this subject, he feels that a word now and then upon California remedies will not be amiss. We must have facts well drummed into us if we are to retain them, for there is so much that is new and novel in print these times that important points slip

away from us, along with many others that are forgotten, unless frequent reminders recall them.

I believe one could do a successful practice if the *grindelias* had never been brought to light. They are not indispensable; but, after all, it is well to have them in mind, and have reliable preparations of them on the office shelves for occasional resort, for they sometimes exactly hit the mark when other remedies fail.

We have quite an extended list of members in this family. Two of them we are somewhat familiar with, viz., *grindelia robusta* and *grindelia squarrosa*. Two or three other varieties are common in California, though nothing is known as to their therapeutic qualifications. Some regard *robusta* favorably as a pulmonary remedy. It certainly is one of the best, if not the best, we have as a local application in malignant ulceration, where the growth has not reached deep tissue. It is worth while to remember this in superficial ulceration about the face, which presents malignant characteristics. As a spleen remedy *squarrosa* rivals *polymnia ceanothus* and *carduus marianus*; and as a remedy for chronic malaria, with proper adjuvant medication—and often without any assistance—it is the best agent we possess.

In this connection it might be well to call attention to a variety of *grindelia* which grows in the East. While on a visit to Carthage, Mo., recently, the writer was surprised to notice a well-defined specimen of *grindelia* growing by the roadside, while riding in the country. The leaves, though narrower than the California species, presented the same character of border, and the blossoms and buds were almost exact counterparts of those found at home. Upon chewing the leaves, it seemed that there could be no mistake, as the taste of the plant was unmistakably that of *grindelia*. Though the plant was not so sticky and resinous as that in California, enough of that quality was present to be noticeable, especially about the buds. A specimen of the plant was submitted to the Professor of Botany in the high school of the city, and analysis proved it to be the *Grindelia Mentholata*.

It is evident that the Eclectics of Missouri are not improving all their privileges. This plant, as well as many others, has been growing before their eyes for, probably, all the time the school has been in existence, and yet it has probably been passed unnoticed many times by its representatives. Southwestern Missouri is rich in medical flora which, if investigated, might add greatly to our wealth of resource. We possess a rich and varied materia medica, but it is yet incomplete, and will be until we are able to meet every phase of disease expression.

Missouri has yielded us one of the best specifics, viz., *rhus aromatica*. Why can not it furnish us another one as good? The days of conquest are not yet over, and it remains for some energetic young Eclectic to place his name on the roll of discoverers. There is one thing certain: we are still, with all our efficiency, lacking in many particulars. With this fact staring us in the face, it will never do to sit down in self-complacency and imagine we are entirely "it." We must still be explorers and investigators, if we are to lead the van in therapeutic excellency.

The writer brought home a small portion of *grindelia mentholata*, with the intention of exploiting it in some intractable case, but our friends who are on the ground in its natural habitat possess all the advantage in the world, and we expect to hear a report upon the subject from some wide-awake Missourian some time in the future, which will give us a line on the agent that will lead us on to greater success.

True, it may prove lacking in any specific quality, but it is well to recollect that it belongs to a family that has afforded us very useful properties.

WEBSTER.

### RETURNING TO HERBS.

"There has been a wonderful awakening of interest in old-fashioned drugs and galenical compounds since the National Association of Retail Druggists ranged itself alongside of the advocates of rational prescribing; and items of the *materia medica*, concerning which physicians until recently knew little or next to nothing, are now coming into favor. It would appear, says the *American Druggist*, that there is a fashion in medicine as there is in millinery, and certain medicaments banished for a time to obscurity come into favor again as do articles of wearing apparel. It would not be surprising to learn that some of the more experienced practitioners of medicine had grown tired of the complex formulas and diverse constitution of synthetic remedies, and were seeking relaxation by investigating and modernizing the older and even more obsolete forms of medication.

"This thought is suggested by an editorial article in one of the newer Scottish pharmacological journals, in which the idea is advanced that the ability of the therapist, to conquer disease, might be strengthened and ardor stimulated by some communion with the therapy of the past. However much we may sneer at the knowledge of our forefathers, the intuition by which they were guided in the discovery of the properties of vegetable drugs was nearly always justified by the results, and it must be granted that the foundation of much of our present knowledge was laid by the herbalists of old."—*Oil, Paint and Drug Review*.

Yes, and immeasurably added to and perfected by the Eclectic school in medicine.



The leaven is working all right, and men are beginning to see the light. But what a roundabout way they have of gathering the nuts. If they could only go back to Galen and get a new start, how they would coast down hill! But they know that the Eclectic school in medicine has been investigating and proving galenics for nearly a century, and, as a result, have a fund of knowledge concerning them which is of incalculable worth. They know, if they know anything, that credit must be given to whom credit is due; yet would, if they could, steal that which they do not inherit.

It might afford "relaxation" to the advocates of synthetics to modernize the older forms of medication; but after relaxation was complete, and the sigh of relief sent up, the modernizers would no doubt find themselves in much the same plight as the inventor who, after racking his brain over what he hopes is a new invention, takes his new idea to the patent office, only to find that some fellow has preceded him in filing his caveat.

It is true that "the ability of the therapist to conquer disease might be strengthened and his ardor stimulated by some communion with the therapy of the past," but an acquaintance with the real therapy of the present ought to raise his enthusiasm to the point of bubbling over, if he could only choke his prejudices until they were black in the face.

True greatness never sneers at the knowledge of the forefathers; but rather it thrills at the thought of what they accomplished; and, drinking deep from the fountain of their inspiration, is spurred on to greater effort.

The herbalists of old saw the light but dimly, yet were filled with a divine spirit to lessen the harshness of ancient and barbaric medicine, and laid the foundation for the modern superstructure built by Eclecticism. Therefore, we say to the gentlemen of synthetic habits, come up higher; take a look at the Galenics from the viewpoint of modern Eclecticism, then throw your prejudices to the winds, cremate your mummified corpse of medical barbarism and its companion, intolerance; ask the good Lord to forgive you for not being like other men; start anew the study of rational therapeutics, and, with a spirit of "malice toward none, with charity for all," swear by all the gods of ancient and modern times that you will learn of all men, even hearkening unto the cry of a little child.

STEPHENS.

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A submaxillary swelling should not be dismissed as a lymphatic adenitis without studying Wharton's duct on the same side. Massage of pus therefrom would alter that diagnosis.

**APPENDICITIS.**

On the second Monday of October, I was called to Springfield, Ohio, by Dr. Thad McLaughlin, to operate on a young man about 25 years of age who, previous to Saturday, had been in usual good health. Saturday afternoon he complained of colicky pains around the umbilicus, followed by a complete obstruction of the bowels.

The patient was given the ordinary cathartics without effect and these were followed by enemas of warm linseed oil for the next 24 hours, without results, and after consultation with Dr. Austin, the patient was sent to the City Hospital for surgical interference.

On Monday evening, we made an incision along the outer border of the recti muscle extending down into the abdominal cavity, when we immediately came upon an appendix that had developed gangrene, and from the side of which a lyth, the size of a minnie bullet, was escaping into the abdominal cavity, and nature had made no provisional walling off of the abdominal viscera.

We had then in this case a direct septic peritonitis developing with quite a tympanitic condition of the intestines and a very offensive discharge of pus into the line of the incision.

The appendix was ligated with a strong silk ligature above the necrotic tissue, excised and removed. Small pledgets of cotton were used to wipe out, as carefully as possible, the debris around the head of the colon, and then a cigarette rubber and drainage tube fastened against the head of the colon, the end extending out of the abdominal cavity, and low enough down to act as a constant drainage for three or four days.

There was, in this case, hardly a typical symptom of appendicitis, and yet it was one of the most vicious in character that the physician encounters. There was a lack of rigidity of the recti muscle, no soreness over the region of the appendix, and, we might say, not a single typical symptom except the intestinal obstruction.

The patient was forced to lie on the right side for the first two or three days for the purpose of making the drainage through a bottomless cavity. On the third day, a fecal fistula developed and closed three or four days later, and the patient has made a very speedy recovery; and one to which I wish to call especial attention, is the position that the patient must assume following an operation of this character, as it makes a bottomless abscess cavity, and gives the intestines a fair chance to form adhesions protecting the abdominal cavity. Position then, of the patient, following an operation, has much to do with the success.

RUSSELL.

## CURE FOR MEDICAL NIHILISM.

If you are a doubter, but honestly want to get rid of your doubts, let me beg of you to become acquainted with your remedies. When a man who is an expert fisherman, especially in the use of flies, goes to the water, he has a book full of flies; some small; some large; some with bright colors; others very plain. Does he begin at the beginning of the book and use in rotation every fly in the book? No; at the lake or river, he studies conditions. Are the fish taking flies? If so, what kind of fly is it? When he has settled this question, does he at once use two or three different flies to lure the fish. No; he knows better. He selects the one fly on which the fish are feeding.

So it should be with the physician. He goes to the bedside. He perhaps has not a long list of remedies. But he knows them well, and what he can expect from them. The patient is quite sick. There are a number of symptoms. But there is one very prominent; it is the big toad in the puddle. He has one remedy that he feels sure will meet that big trouble. He gives that. The next day when he calls he finds the big fellow gone; sometimes all the trouble gone. But if not, the lesser are easily managed. Success like this, and which has been achieved by many a country physician who never saw his name in a medical journal, is death to medical Nihilism. Knowing how and where you can use your medicines rightly, you will use them with success. Another time we will try and study some of these remedies.

FEARN.

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## CASE RECORDS.

The classification and study of cases would seem a useless suggestion to the general practitioner; but, in fact, very few physicians in active general practice keep a record of their work. Time is so fully occupied in busy seasons that the doctor is fortunate if he has leisure for eating and sleeping. During slack periods he may make a resolution to keep an accurate account of all his cases, and may even do this until he again becomes busy, when the matter is deferred or forgotten. It is well to be prepared for whatever may occur in practice, and he who is best prepared will succeed best; for when actually engaged night and day with patients we can not then stop to read up, and our patients will have to take what we give them. True, a physician might limit his practice to just what he could comfortably do, but this is usually impossible if he is to maintain his popularity and standing in his community.

We have tried this, and found that it would not work, because our old and steadfast friends would not be turned down even if we were tired. We have found that a general practitioner can not be too selective in his practice. In the country, where the people are more closely linked together in relationship and friendship, we must attend all or none; even the poor and disreputable, by their connec-

tions, demand our attention. If the doctor could have with him a stenographer to transcribe symptoms and treatment in every case, a record might be kept. As a rule, it is only in the mind of the physician that items of treatment are laid away; and that record, in time, becomes dimmed as new experiences crowd out the old. It sometimes happens that a patient treated years since returns for medicine "just like that you gave him before." We then find ourselves puzzled to remember the exact remedy, and by rigid questioning are unable to recall it, so the patient is disappointed. The writer has spasmodically kept record for the last thirty years, but in all that time no consecutive year, nor even when keeping records have all cases been recorded. Office patients can be recorded quite readily, but out patients are more difficult unless we have a trained nurse. Those few records, however, which we have kept have been of great use, and we often resolve to be more diligent in this matter in the future.

WATKINS.

### A NEW ARRANGEMENT.

A later view of the *materia medica* renders ancient and obsolete the classification of remedies as alterative, diaphoretic, diuretic, sedative, cathartic, etc., for any drug that meets the indications may be any or all of these. For instance, when we have a patient presenting himself with dirty, foul tongue, dirty, dingy skin, yellowish conjunctiva, slow pulse, dizziness, scanty urine and constipation; one remedy, podophyllum, will act as cathartic, diaphoretic and diuretic, relieving all the symptoms; and should cough accompany the condition, podophyllum will prove diuretic as well. Gelsemium, when indicated by flushed face, bright eyes, and the usual symptoms of cerebral hyperemia, will dissipate the associate morbid states. Any indicated remedy will relieve the patient when the symptoms are rightly interpreted.

Our medicines must be adapted to the manifestation of disease; and even if a drug is classified as acting upon certain organs, it may not prove efficient if given without reason; a so-called diuretic may not act upon the kidneys if certain requirements are not complied with. If we have the pallid tongue, with white, pasty coat, sulphite of soda will prove of greater diuretic value than buchu or digitalis. With a harsh, dry skin, and a red tongue with a brownish coat, quinine will fail as an antiperiodic, unless preceded by the administration of an acid. It seems necessary to keep repeating this cardinal point that in direct medication any remedy may, at times, be diuretic, diaphoretic, sedative or otherwise, if indicated, and that to carelessly designate a remedy as one or the other is fallacious. The old classification should be omitted from medical works and a new system inaugurated which will more clearly define the possibilities of drugs.

We are not so much interested in the origin of a remedy, as we are in its therapeutic application. Neither the wool in our clothing nor the leather in our shoes requires a personal acquaintance with the animal from which they came; nor does the workman care whence came the iron in his tools; all that he asks is that it shall be good iron.

WATKINS.

# HEADACHE

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That form of headache known as **Migraine** is conceded by most physicians to be due to **autotoxemia**, and may be treated in a rational and effective manner by the administration of a single dose of

## **AKARALGIA**

(Granular Effervescent Sodium Salicylate Compound)

Just one dose of this effervescent salt each morning, before eating, assures your patient **freedom from the suffering** which otherwise may, at any time, be expected by the chronic migraine victim.

No other plan of treatment will do this.

## **AKARALGIA**

consists of no habit-forming drugs, and if given for a sufficient length of time, a cure may be anticipated in a reasonable percentage of cases treated.

Send for a reprint of Dr. Rachford's article; contains complete formula.

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### **The Wm. S. Merrell Chemical Co.**

**NEW YORK**

**CINCINNATI**

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# GREEN DRUG

## Fluid Extracts

### AND

## Normal Tinctures

### The Highest Type of Fluid Medicines.

*Because* in their manufacture we recognize the fact that the therapeutic value of many drugs depends upon constituents that are volatilized, easily oxidized, decomposed, or rendered insoluble by the ordinary process of drying or by long or imperfect storage—

*Because* in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

*Because* the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

*Because* of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

*Because* the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. NORRIS, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

## The Wm. S. Merrell Chemical Company

HEADQUARTERS FOR HIGH-CLASS REMEDIES  
FOR DISCRIMINATING PHYSICIANS.

New York

CINCINNATI

San Francisco

# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**Essentials of Medical Gynecology.** By A. F. Stephens, M. D., Professor of Medical Gynecology in the American Medical College, St. Louis. Fully illustrated. 12mo, 428 pages, cloth, \$3 00. The Scudder Brothers Co., publishers, Cincinnati, O.

The author of this book has presented to the medical profession a much-needed and valuable work. Works on diseases of women are usually so largely devoted to surgical procedures that they fail to meet the most common needs of the physician. Prof. Stephens' work, on the contrary, is exclusively devoted to the medical treatment of conditions which are constantly being brought to the attention of the general practitioner of medicine, and upon which the author is eminently qualified to speak. The treatment given follows, as near as possible, the line of specific medication, as that term is used by Eclectics. Prof. Stephens evidently possesses the rare ability of saying a great deal in a few words.

I fully agree with the author when he says in his introductory: "I think there is a field for the medical practitioner in gynecology, and that the practitioner has been a little too eager to turn the woman over to the surgical gynecologist, when perhaps the endeavor on the part of the medical man to apply the remedial measures so abundantly at hand, at least in the Eclectic materia medica, would save the patient much suffering, and avoid the mutilation of her person. I shall have almost daily occasion to consult Prof. Stephens' very instructive work, and I most heartily recommend it to other general practitioners.

JOHN W. FYFE, M. D.

**A Manual of Hygiene and Sanitation.** By Seneca Egbert, M. D. Fourth edition. 12mo, 498 pages, with 93 illustrations. Philadelphia: Lea Brothers & Co. Cloth, \$2.25 net.

This handy book on Hygiene and Sanitation we are glad to see revised and brought up to date. While the scope is somewhat limited,

covering the important subjects of air, ventilation, water, food, personal and school hygiene, disinfection and quarantine. etc., makes it valuable for students and practitioners. If you want a handy book, thorough and well written, you can not make a mistake in procuring this volume.

J. L. P.

**Modern Medicine :** Its Theory and Practice. Original Contributions by American and Foreign Authors. Edited by William Osler, M. D. Assisted by Thomas McCrea, M. D. Volume II, Infectious Diseases. Illustrated. Lea Brothers & Co., Philadelphia. Sold by subscription only. Price, cloth, \$6.00.

Volume II of Modern Medicine is a fulfillment of the prophecy of the prospectus and of Volume I.

Chapter I is devoted to an introduction to the study of infectious diseases, by Ludwig Hextoen, M. D, and is strikingly lucid, interesting and instructive.

Chapters 2, 3, 4, 5, and 6, are devoted to typhoid fever, and were there no other subject treated in this volume the reader would be more than repaid. From the introduction to the closing paragraph on treatment, embracing 160 pages, the attention of the reader is held, even to the details of this important subject. Especially pleasing is his treatment, and though 20 pages are devoted to this phase of the disease, he sums it all up in the following :

1. Absolute rest.
2. The diet should be liquid, as simple as possible, and with it large amounts of water.
3. Hydrotherapy, best in the form of tub baths. If it be impossible to give these, sponges or packs may be substituted.
4. Leaving the bowels alone as far as possible, and using enemata if necessary.
5. Drugs to be given only if there be special indications. Alcohol not to be given as a routine.
6. Constant vigilance to recognize complications and the knowledge how best to deal with them.

The article on diphtheria, by Dr. John B. McCollom, of Harvard University, Boston, is also one of peculiar interest, and will be read with great satisfaction. There are so many able writers in this interesting volume that one hardly knows which to mention and which ones to pass, and we can only add, subscribe for the work and study them all.

R. L. T.



## **"SPECIFIC MEDICATION AND SPECIFIC MEDICINES."**

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows:

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no *SPECIFICS for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

LLCYD BROTHERS,

CINCINNATI, OHIO.

JANUARY, 1907

## S U M M E R R E M E D I E S

### GLYCONDA.

Among the Eclectic remedies best established for derangements of the stomach and bowels, is to be numbered Beach's Neutralizing Cordial.

The remedial agents constituting this cordial have, during a period approaching a century of time, maintained themselves so positively, as now to be considered a therapeutic unit to which drug additions are superfluous, and from which no drug can be taken without disturbing its therapeutic equilibrium.

The Eclectic Fathers, in the beginning of Eclecticism, gave to this remedy their approval and Eclectic practitioners to-day class it as one of their most important remedies. But in one direction it is pharmaceutically objectionable, and in a therapeutic view, by reason of the same pharmacal incongruity, it is illogical. This is because one of its non-medicinal constituents is useless, and at times even harmful, in affections for which its true drug constituents were selected.

This deleterious substance is sugar, which overloads the preparation and which not only induces saccharine fermentation in the stomach and bowels but antagonizes its remedial associates, becoming a disturber, and worse than useless. It not only counteracts the drug influences, and generates fermentative processes, but makes it necessary to give such large doses in order to get an equivalent of medicine, as to make the Cordial to many persons an impossible remedy.

About two years ago, a Committee was appointed by the New York Specific Medicine Club, Dr. Wm. L. Heeve, Chairman, the object being the displacement of sugar in the old style Beach's Cordial, and the retention of the original drugs. A number of experiments, some in large quantities, finally established that the formula to which the trade term GLYCONDA is affixed, is pharmaceutically perfect, and therapeutically satisfactory.

**QUALITIES.**—1ST. Each minim of GLYCONDA carries the full amount of drug constituents of a like amount of Beach's Concentrated Neutralizing Cordial.

2ND. It is effective in less than the dose of the old form Beach's Cordial, because no ill effect of sugar has to be overcome.

3RD. To most persons it is grateful, by reason of the pleasant flavor and warming qualities.

4TH. It is pleasant to the taste and does not nauseate.

5TH. It will neither ferment nor freeze.

6TH. It carries no added sugar, and produces no saccharine fermentation in the stomach or bowels.

**PRICE:** 8 Ounce Bottle,.....\$0.35  
Pint Bottle, ..... 0.60  
Quart Bottle,..... 1.10  
Gallon, ..... 4.00

GLYCONDA is now being stocked by jobbing druggists, and will be supplied in original bottles by every jobber in America.

**Progressive Medicine.** Edited by Hobart A. Hare, M. D.; assisted by H. R. M. Landis, M. D. Vol, IX. Quarterly, Nos. 2 and 3. Lea Brothers & Co., Philadelphia. Paper, \$6.00 per annum.

This quarterly digest of advances, discoveries, and improvements in the medical and surgical sciences is 'a very important contribution to our standard medical literature. When many of the hundreds of medical journals have been read once and thrown aside, this series will be put where the doctor can lay his hands upon them for future reference. It is one of the best records of its class ever published, because its articles lean toward the practical rather than the rare and novel.

No. 2 includes: Hernia, by Wm. B. Coley, M. D.; Surgery of the Abdomen, exclusive of hernia, by Edward M. Foote, M. D.; Gynecology, by John G. Clark, M. D.; Diseases of the Blood, Diathetic and Metabolic Diseases, Diseases of the Spleen, Thyroid Gland, and Lymphatic System, by Alfred Stengel, M. D.; Ophthalmology, by Edward Jackson, M. D.

No. 3 comprises Diseases of the Thorax and its Viscera, including the Heart, Lungs, and Bloodvessels, by Wm. Ewart, M. D.; Dermatology and Syphilis, by William S. Gottheil, M. D.; Obstetrics, by Edward P. Davis, M. D.; Diseases of the Nervous System, by William G. Spiller, M. D. This work is a veritable bureau of information.

H. W. F.

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**The Practice of Obstetrics.** By American Authors. Edited by Reuben Peterson, M. D. Cloth, \$6 00. Lea Brothers & Co., Philadelphia.

This work is complete as a text-book on obstetrics. The physiological functions of the female are first described; following this, the pathological conditions that may arise in connection with the pregnant state, are treated fully. Every condition connected with maternity, from the time of conception to the period of recovery following delivery, is thoroughly explained and the best methods of treatment are given. The book is very thoroughly illustrated. In the latter part of the book a section is appended giving much useful information upon the care and treatment of the new-born infant. This is certainly a valuable work for reference and general study of this subject. J. R. S.

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**There's One Old Sweet Song that Makes the Whole World Kin.** Both words and music by Charles E. Randall. Folio (10 inches by 14), colored cover (with vignette of Misses Clara Louise Bowman and Susan Elizabeth Abbott, pianists and vocalists, Taunton, Mass., to whom the "Song" is dedicated). Paper, 50 cents. Taunton: C. E. Randall, 1907.

**Five Hundred Surgical Suggestions.** Surgical Publishing Co., 92 William street, New York.

In the five hundred surgical suggestions in diagnosis and treatment incorporated in a small volume by Walter W. Brickner, M. D., and Eli Moschowitz, M. D., will be found a rich mine of suggestions for the busy surgeon. The book is highly entertaining, and will be best appreciated by surgeons of some experience. The index is a great convenience, enabling one to find at once the item required in an emergency, either to settle a question of diagnosis or treatment.

No description of this little work short of copying it would be adequate. It would seem that its sale must be very large, as no one can read a page of it without concluding it is just what he wants. W. B. C.

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## COLLEGE AND SOCIETY NOTICES.

### T. A. E. NOTES.

Brother H. C. Dahm, '97 is spending a few weeks vacation with his parents at Tiffin, O. He writes us expressing his desire to meet with us in the near future.

Brother B. W. Wood, '07, is located at Denison, Texas, after a few weeks travel in old Mexico.

Brother H. H. Blankemeyer, of Honey Grove, Texas, writes his good will to the fraternity, and incidentally mentioned a number of good locations in Texas open to our brethren. When we receive letters from our older brethren it kindles anew that grand old T. A. E. spirit within our breasts, and makes us strive for greater things.

Brother F. N. McLaren, '04, is now located at White Hall, Ill., and from the reports of his patients, is succeeding admirably.

Brother E. G. McLaughlin, '07, is located at Luella, Texas, and reports a good practice.

H. F. Killen, '09, was spending a few days with Bro. Keiper, '08, in Johnstown, Pa., the first of the month.

Brother Nelson M'Laughlin, '07, is located at Leesburg, Florida, and has successfully passed the Eclectic Board in that State.

Brother A. C. Prichard writes of his success in Arkansas. He is located at Booneville.

The brothers are all back in college now, and the prospects for a good year for the T. A. E. are very favorable.

Let us hear from more of our older brethren. When we hear from you it makes us feel like you were with us heart and soul—the way you should be.

Brothers Hamilton and Horswell have begun their duties as internes at the Seton Hospital.

W. K. DYER, Chronicler.

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**. P. NOTES.**

Brother A. L. Faler, M. D., of St. Johns, O., spent several days recently in Cincinnati, and had a pleasant smile and a hand-shake of fellowship for each of the boys who met him.

Brother W. B. Hartwig, M. D., of Uniontown, W. Va., sent us a token of remembrance in the way of letters filled with enthusiasm, and also of encouragement, to the E. P. brothers who are waiting with anxiety the life of the practitioner.

Brother E. P. Buten, M. D., is at present located at 34 E. Eleventh street, Newport, Ky., where he is doing a lucrative business.

While on professional consultation in the city, Bro. Myron Hanna, M. D., called on a number of the boys. We regret that his time was so limited, owing to his large practice.

During the past summer the following brothers took and passed successfully some of the State Board examinations: Bro Bowers, Arkansas and Texas; Bro. Franklin, Tennessee and Texas; and Bro. Oswald, Tennessee. Each of these brothers practiced during the summer and at present are back in college.

The complexities of the modern profession of medicine are many, and as the student looks forward to the "some time" when he shall be a successful practitioner he should realize that manhood is a slow growth. To dream great things will never make one great. The weed may spring forth in a single night. but it also disappears with the season.

A. M. UPHOUSE, Reporter.

**Ohio Notice.**

Section officers are requested to urge the members of the Association to prepare papers, and to complete their section, and hand results to the Corresponding Secretary not later than December 1, so that the Executive Committee may complete program at their next meeting, December 17. Do not forget this, but get to work now, unless you are already busy completing your section. We expect the largest and best meeting in Dayton next May the Association has ever had in its history. Get to work, everybody.

W N. MUNDY, Forest, O.

The North-Western Ohio Eclectic Medical Association convened at Bluffton, O., Tuesday, October 8, with a good attendance. The officers for the next year are as follows: Dr. J. J. Sutter, Bluffton, President; Dr. T. T. Sidener, Lima, Vice President; Dr. P. D. Bixel, Pandora, Secretary; Dr. J. J. Marten, Bucyrus, Treasurer. The next meeting will be the 25th anniversary of the organization, which is to be held at Marion, on Tuesday, Dec. 17. We extend a hearty welcome to every physician in the State. The Executive Committee of the State Association will also meet with us.

P. D. BIXEL, Secretary,

We have just received the minutes of the twenty-seventh annual session of the Arkansas Eclectic Medical Association, which was held at Little Rock, May 8-10. It embraces 42 pages, and contains a complete set of minutes, various articles, and several half tones of the officers.

## PERSONALS.

**Married.**—At Van Wert, Ohio, Dr James G. Sherman and Miss Edna Alice Mann. At home after October 1, at 1088 E. Long st., Columbus, O.

Dr. W. S. Glenn, E. M. I. '83, and Dr. Nannie M. Sloan, E. M. I. '99, were married September 28, and are located at State College, Pa.

Married, October 15th, Dr. Samuel W. Bradstreet, E. M. I. '05, and Miss Nellie Van Horn, E. M. I. '06 At home after Nov 15th at 507 North street, Rochester, N. Y.

---

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Good location for a young Eclectic at Edgewood, Texas For particulars address, with stamp, T. H. Standlee, Edgewood, Texas.

Good opportunity for single Eclectic lady graduate. For particulars address Dr. H. J. Munson, Girard, Kansas.

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---

Dr. Sloan A. Brown, E. M. I. '06, is now located at Latrobe, Pa.

Dr. E. G. McLaughlin, E. M. I. '07, is now located at Luella, Texas.

Dr. H. E. Curry, of Baker City, Oregon, called on the editor early in October.

Dr. B. W. Wood, E. M. I. '07, has registered under the Texas Board, and is now located at Denison, Texas.

Dr. P. M. Marshall, E. M. I. '07, passed the Pennsylvania State Board, and is now temporarily located at Utica, Pa.

---

## OBITUARY.

Charles B. Tucker, New York Eclectic '65, at Brooklyn, N. Y., Aug. 26; age 67 years. Dr. Tucker was an army surgeon in the civil war.

Charles H. King, Bennett, '86, at Redondo, Cal., Aug. 17. from paralysis.

M. A. Wheelock, St. Louis '82, at Salt Lake City, Utah, August 24, after a prolonged illness. Age 84 years.



---

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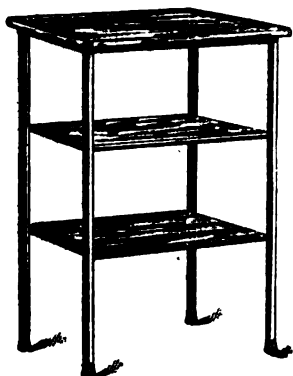
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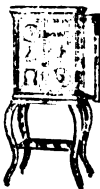
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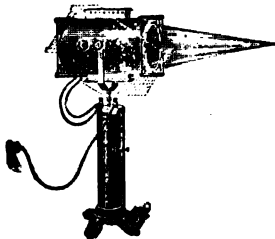
On iron legs with glass table, fire-burnt graphite rheostat, rheotome, double singing vibrating coil, shunt milliamperemeter, 0-20, 0-400, for cells 110 or 220 volt direct current, or with the rectifier can be used on the alternating current. Price only \$45.



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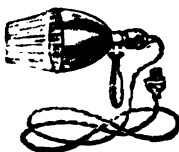


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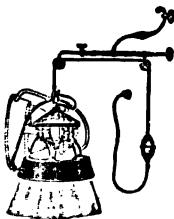
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E. C. Bunker, E. M. I. '53, veterinary of the Mexican War, at Greensburg, Ind., Aug. 27. Age 86 years.

Samuel J. Martin, Phila. Eclectic '51, a former practitioner of Racine, Wis., in California, following a surgical operation, on Sept. 4. Age 76 years.

Joseph O. Thomas, Cincinnati '86, in Cincinnati, Aug. 15. Age 82 years.

G. D. Soule, New York '89, at Clinton, Iowa, Sept. 9. Age 47 years.

Frank H. Gross, E. M. I. '81, at Mechanicsburg, Pa., Sept. 7.

F. V. Frankenstein, St. Louis '90, at Epiphany, S. Dakota, Aug. 29. Age 70 years.

John Bender, at Lansing, Michigan.

Allen Heald, E. M. I. '52, at South English, Iowa, Aug. 15. Age 78 years.

James M. Crismore, E. M. I. '81, at Helena, O., Sept. 22, from cerebral hemorrhage, after a six months illness. Age 65 years. Dr. Crismore was a member of the Ohio State Eclectic Medical Association,

Henry Learued, E. M. I. '60, at Pomona, Florida, Aug. 28. Age 82 years.

---

## READING NOTICES.

In my experience in the use of Adrenalin, I found that twenty-five percent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether into the towel cone, and spraying the Adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use, and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an hour. The effects are a more uniform etherization, the pulse becoming steadier, slower, and of better character more rapidly than under ether alone; respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any one of the cases. Only two patients vomited at all, and very little nausea was complained of. The Adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the weakened patient — G. S. VENABLE, M. D., in Virginia Medical Semi-Monthly.

---

**Rheumatism.**—If the diplococcus rheumaticus is the exciting cause of rheumatism, we know also, since the few only are affected, that the germ alone is not all-sufficient. There must be, as well, a condition of the system favorable to the multiplication of the germ. This means predisposition. Since we can not escape bacterial contact, the treatment of rheumatism means what can be done to overcome the predisposing cause. The toxemia of faulty metabolism is the one great contributory factor. The treatment of toxemia is by elimination. Alkalithia is the ideal eliminant, and will be found the ideal treatment for rheumatism.

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All physics and cathartics have exactly the opposite effect ; they tend to weaken by running off the natural secretions, leaving the bowels in a dry, irritated state, making matters much worse, as everybody knows who has used them.

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Laxative Malt Food can be prescribed with any medicaments without destroying their individual therapeutic properties.

It should be the preferred laxative at the bedside for old folk, delicate persons, children, and for the healthy as well, because no harm can come from it, only great good.

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## THE LATEST

# Eclectic Publications.

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**Essentials of Medical Gynecology.** By A. F. Stephens, M. D., Professor of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pages, fully illustrated. Cloth, \$3.00, postpaid. 1907.

**Diseases of the Digestive Organs.** For students and practitioners. By Owen A. Palmer, M. D., Cleveland, O., Member Ohio State Eclectic Medical Association, etc. 8vo, 524 pages, cloth, \$3.00. 1907.

**Treatment of Disease.** By Finley Ellingwood, M. D., Chicago, Editor Ellingwood's Therapist. Two volumes, 8vo, 1100 pages. Cloth, \$6.00 per set, postpaid. 1907.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D., Professor of Ophthalmology, Otolaryngology, Rhinology and Laryngology in the Eclectic Medical Institute, Cincinnati. 700 pages, 12mo, fully illustrated. Cloth, \$3.50, postpaid. 1906.

**The Eclectic Practice of Medicine.** By Folla L. Thomas, M. D., Dean and Professor of Practice in Eclectic Medical Institute, Cincinnati. 8vo, 1033 pages, fully illustrated in colors and black. Cloth, \$6.00; sheep, \$7.00, postpaid. 1906.

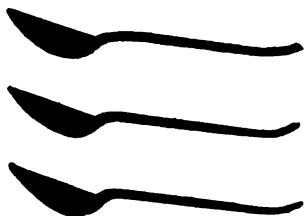
**A Handy Reference Book to Specific Medication.** By J. S. Niederkorn, M. D., Versailles, O. 16mo, pocket size, 151 pages. Flexible leather, \$1.25. 1905.

**Material Medica and Clinical Therapeutics.** By F. J. Petersen, M. D., Lompoc, Cal. 12mo, 400 pages. Cloth, \$3.00. 1905.

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# THE ECLECTIC JOURNAL

ESTABLISHED 1836.

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CINCINNATI, DECEMBER, 1907.

NO. 12

## Original Communications.

### THE MONO-TWINS—A CHRISTMAS STORY.

By William Colby Cooper, M. D., Cleves, O.

Any physician of wide experience, and particularly any thorough neurological specialist, will vouch for not only the possible, but the probable truth of these domestic annals. The reader may therefore feel easy in regard to "stretched probability," and the like, resting assured that what follows is not more startling than true.

Charles and his two children were the last living representatives of a long line of the Reids. They were gently patrician in type, being noted for their hospitality, social warmth, and innocence of snobbery. All of Jonesville—very properly—took off its hat to the Reids.

The children of Charles and Anna Reid were exceptional for their beauty, amiability and intellectual precocity. The daughter, Belle Ellen—who will constitute the leading figure in this historic scrap—was almost singular in personal loveliness. Of course she had hosts of friends and admirers. Very specially amongst these, was Hiram Gideon, who had been a schoolmate of Belle Ellen's from childhood.

At the period from which this account properly dates, Belle Ellen was fourteen, and Hiram eighteen years old. Children? Certainly; but not too young to care for each other to a degree that distanced mere chumship. Hiram's little gallantries were not displeasing to Belle Ellen, while her innocent acceptance of them, as a matter of course, was very grateful to the boy lover. So far, the parents on both sides had seemed to take a neutral position in reference to the little affair.

At about this time a shadow fell over the Reid household. No one outside the family understood it. They withdrew entirely from society, and ceased receiving callers or visitors. What was the matter? Had the bulk of their fortune suddenly fallen away from them? Had

they, because Hiram was poor, adopted this method of cutting him off? The air was full of strange rumors, but Hiram kept his faith in the broad nobility of the Reids. However it might all be, Belle Ellen was necessary to his future wellbeing.

Hiram's sister, Pearl, had been Belle Ellen's closest chum. It had been given out that Belle Ellen was suffering from *neurasthenia* (nervous prostration), and that the doctor had forbidden all company. Nevertheless, Pearl, by a bit of girl finesse, was permitted one day to see Belle Ellen for just five minutes. She was painfully surprised by the solemnity of the household, and especially by the change that had been wrought in Belle Ellen, whose very appearance was markedly altered. From being a normally light-hearted girl, she had become very grave and taciturn. Pearl had taken with her a soothing little novel to lend to her chum.

In a few days the book was returned. It contained this little note:

DEAR PEARL: I read the book with much pleasure—thanks. Call on me next week; there is something I *must* tell you. When you explain to mamma my urgent request, she will be unable to refuse your admission.

Affectionately, BELLE ELLEN.

Pearl called, as per Ellen's request, and after much excited hesitation on the part of the mother, was admitted; but under the stipulation that she should call no more. If Belle Ellen's appearance and manner had surprised Pearl before, it fairly took her breath now. Now she was radiant with high spirits, and her vivacity and volubility were almost painfully exhilarating.

After being most effusively greeted, Pearl said: "I am so glad you liked the novel."

"What novel?" asked Belle Ellen in genuine astonishment.

"Why, don't you know—the little novel I lent you," replied Pearl in equal wonderment.

"Goodness me! Pearl, are you crazy?" and Belle Ellen looked alarmed. "You must have been dreaming, Pearl."

Then Pearl looked alarmed, and in the face of Belle Ellen's protestations she departed.

It is proper to inform the reader that both girls were right about the book, each having told the other the exact truth.

When Pearl told Hiram of her experience, it nearly broke his heart, for he was now convinced that overwork at school had dethroned his sweetheart's reason. Both of them agreed that the matter must be kept sacredly private. There were reasons and reasons for this as will be obvious to the reader. Hiram understood the case now, for it



accorded with the high principles of the Reids that the truth should be thus discovered to the Gideons through Pearl.

Soon after this, Mr. Reid went away for a week. No one excepting his wife knew where he had been. Within a month after this, the Reid family moved away, and no one in Jonesville knew where they had gone.

At this time, I was practicing medicine in a western city. I had acquired a reputation as a neurologist. One day I was summoned to a case the most pronounced of its kind I had ever seen or heard of. The family lived three miles outside the city, in the most sequestered place I had ever seen. The air of culture which prevailed the elegant home was very grateful and assuring to me. Certainly I should outdo myself in the service of such people. These things make a difference to the physician, notwithstanding the fact that he represents the most self-sacrificing class of people on this earth. This is true, because he can not break himself of the vulgar habits of eating and drinking and hiding his nakedness.

The high-bred manners of the parents had gone down through the blood and were charmingly manifest in their children. There were three of these—that is “to say”—James, and the twins, Belle Ellen and Ellen Belle. Belle Ellen was exceedingly pretty, was extremely sedate and uncommunicative, and was highly accomplished in music. Ellen Belle was brilliantly beautiful, was dazzlingly vivacious and was as thorough in music as was her sister.

For three years, by the most adroit management, Mr. and Mrs. Burrows had kept their family practically unknown to even their nearest neighbors. They were much misunderstood and much maligned for their “blue-blooded exclusivism.” And yet the gracious affability of the Burrows had become locally proverbial.

Naturally, under their long imprisonment (they had never been allowed to go outside the yard), the girls had become extremely restive. They longed for a glimpse of the great outside world; they were eager for a part in the social whirl. They studied the newspaper reports of social doings and wondered why they were denied the natural pleasure of mingling with young folk. Only their filial fidelity had prevented them from making a wild break for liberty and plunging into the very vortex of social dissipation.

I noted the increasing tension, and felt it my duty to advise the parents to allow them some social freedom. I convinced them that otherwise the girls were nearing a danger-point which was frightful to think of. So, to the amazement of the community, and the ecstasy of the girls, cards were sent out inviting a dozen couples of the better young people to a soiree to be given by the Burrows family.

The party was a brilliant affair. Unfortunately, Belle Ellen was sick that night and could not be seen. But Ellen Belle's infectious good humor, racy speeches, and superb musical performances, more than made up for the absence of her sister. She captured the hearts of them all. Very particularly, and very seriously, she fascinated Edgar Hunter, a banker's son. It was a case of mutual love at first sight. Edgar possessed all the precipitancy of youth, and Ellen Belle's starved heart leapt at its opportunity. So they arranged for a buggy ride next day. This was followed by other buggy rides and by private meetings.

How should this flood of youthful impulse (so dangerous in this case) be stayed? Terrible was the perplexity of the parents and of myself. Appointing myself a committee of one, I waited on young Hunter and solemnly warned him against a further prosecution of his suit, explaining that there was a secret reason, wholly independent of any social consideration, why his alliance with her would be immeasurably disastrous to both of them.

He heard me in sullen silence, and then what he said held a scathing resentment of my intermeddlesomeness.

Although nothing would extinguish his whelming passion, several things happened while with her that terrified him. She had been startled at his allusion to her sister, and had vehemently denied having or ever having had a sister. Also, she might as well have lived in Africa, as far as her knowledge of the events of the last month went. For instance, the defalcation and suicide of that prominent citizen, Henry Werner, which had rent society in twain, was fresh news to her. In such cases, her own bewilderment and pain were exactly equal to his. What *could* be the explanation of this uncanny mystery? That was the cruel question that tortured them both. Still, such love as theirs, Edgar reasoned, held the sacred right of way against any possibly supposable obstacle. Why, to break that Heaven-made match, would be to balk destiny, which would be to shatter the universe! It may be remarked, *en passant*, that these young people were not peculiar in this respect.

A second party was given, but this time Ellen Belle was sick and could not be seen. It was explained that the girls were subject to spells of illness, not in the least dangerous, but of such a character that the immediate presence of any but members of their own family, would throw them into nervous paroxysms.

This party, too, was a shining success. Belle Ellen's quiet beauty, together with her phenomenal musical performances, charmed everybody. Howard Winston warmed up to her with a pertinacious zeal

whose import could not be mistaken. Each was irreclaimably fascinated by the other. Buggy rides, etc., followed, as in the other case. Within three weeks they were engaged, notwithstanding they had the same strange and shocking experiences that the others had undergone. Howard's course of logic in the case was an exact repetition of that employed by Edgar.

Despite any restrictive measures we could devise, these love affairs went on with increasing fervidness and momentum. Although each lover found it impossible to even clandestinely see his sweetheart on alternate months, he wrought out an impossible explanation, and his love suffered no abatement. The ingenuity and cunning of love—blind and unreasoning as this passion is—will always "outclass" the resourcefulness of parents or guardians. What would be the end!

It is not always true that "it is the unexpected that happens." In this case, our minds were prepared for what did happen—the elopement of Ellen Belle and Edgar! But so close was our espionage that we arrived at the minister's house just five minutes *after* the ceremony had been performed.

I signified to the minister that I wished to see him alone for a few minutes, and requested the others to await our return. When we re-entered the room, the distressed and maltreated lovers looked at us in agonized, but mute appeal.

Very gravely and with a trembling voice, the preacher haltingly informed the devoted pair that owing to an insurmountable obstacle—which he dared not explain—the marriage was not valid!

Ellen Belle fainted, while the anguish of poor Edgar was indeed pitiable to witness. After the girl's revival, she was taken out to the carriage and driven home. We tried to comfort Edgar, but without saying a word, he left, throwing a baleful glance at me as he went out.

When I went to my office, I found a handsome, but grave young man waiting for me. I had, some time before, advertised in the medical journals for a young medical assistant—my business was crowding me too hard. Several had responded, either in person or by mail, but for various reasons none of them would do.

After introducing himself, the young man explained that he was a recent graduate of the B. H. Medical College, and that he was there in response to my advertisement. I felt that he would exactly suit, and I told him so. We soon came to a satisfactory agreement. A young physician stands a pretty hard chance to get business, but very particularly so if he is unmarried. So I said to him, in a rather jocose way: "Now, the first important thing for you to do is to accumulate a wife."

He colored and said: "My romance is finished—I have dedicated my life to bachelorhood. My bride shall be my vocation. I shall try to decorate her with professional triumphs and philanthropic deeds. The girl I loved is dead!"

"Ah, but," said I, "you are so young; you will meet her duplicate some of these days."

"Never!" answered he, with feeling. "We were lovers from childhood. The family moved off, I know not where, some years ago, so that I do not even know where her grave is."

I did not pursue the subject further at this time—his wound was too fresh. On the next day, after we had been discussing certain nervous phenomena, I gave him an account of my Burrows case. I explained that at the age of fourteen, she had passed into the "double personality" condition. That there were two of her, each one of which was in evidence on alternate months. That each one of them had a clear remembrance of all her life up to the period of her emergence into her new estates. That while each of them could clearly recollect all that had transpired within the month of her personal manifestation, all the other month was a total blank to her. That, in a word, each of them had lived only half the time since the onset of the disease, and that the original girl had been dead all the time.

The young man was exhibiting the most intense interest I had ever seen. I told him that this strange malady had split her original personality, making her abnormally serious, etc., during one month, and intemperately vivid and hilarious during the next month. That if she could be suddenly restored, it would simply place her back to where she was when first attacked; at least it would do this so far as her remembrance of the past was concerned. I also recounted her love experiences.

After a long silence, the young man asked the name of the family. When I told him a shadow passed over his face, but it was immediately succeeded by a light, as if a mystery had been dissipated.

"This is Christmas morning," said I, "and we are invited to dine to-day with the Burrows'." I said this with some misgivings, for, despite my assistant's self dedication to celibacy, I feared he would be unable to withstand Ellen Belle's compelling charms, and thus add another distressing element to the complex situation.

Just then a white-lipped messenger burst into the office—Edgar Hunter had taken poison—"come quick."

The young doctor accompanied me. We found, happily, that he had not selected a corrosive poison, and that—the dose being large enough to kill a dozen men—the stomach had rejected the drug. His ignorance of toxicology had saved his life.

We had not been back in the office ten minutes when another frightened messenger came—one of the Burrows girls had taken poison!

I took the young doctor with me and we were not long in getting there. Her case proved to be the exact duplicate of the young man's. We extorted from her the confession that they had met secretly on the day before, and that they had agreed to die at the same minute. He had furnished the poison.

Fearing that the sudden appearance of a stranger might be embarrassing under the conditions, I had requested the young doctor to wait outside till I should call him. The girl was soon all right, except that she seemed a little intellectually confused. Telling him that I wanted to introduce my partner to them, I started out. Mrs. Burrows followed me outside the door and whispered that the girl was within a few minutes of her transition period. I was glad of that, for I had never yet had an opportunity of witnessing the phenomenon. I then called the young doctor. As soon as he got within sight, there was a flash of recognition between him and the family.

"Why, Hiram!" exclaimed all three in one voice. Then a marvelous thing happened. There was a momentary confusion of Belle Ellen's and Ellen Belle's, when the *mergence* of the two was accomplished! The original Belle Ellen was restored! This was easily explicable. The shock from the attempted suicide had temporarily loosened (so to speak) morbid confluences, when the supreme shock of joyousness following upon meeting her old-time and real lover, had finished the good work.

"Oh, Hiram!" exclaimed the happy girl, "I haven't seen you for a month—where have you been?" Then, in pitiful bewilderment, she asked: "Where are we and how did we get here—have I been sick?"

Gently it was explained to her that she had been delirious when the move was made for her sake, etc.—anything for the time being.

Tears were streaming down Hiram's face, and this, we hoped, justified (to Belle Ellen) our own happy tears.

The reader can imagine how that girl had to get acquainted with her grown-up self, with Hiram as a mature young man, etc. The cure was permanent.

After Edgar and Howard were made to understand that neither of the Burrows girls had ever existed, and that, in fact, they had each been chasing a phantom, they furlled themselves, under a sort of *sold* sense, but as resignedly as possible. At least they had experienced a season in the beautiful cloudland of love. Edgar was frank enough to confess to me that Ellen Belle had saved my life by preventing him from taking his revolver with him to the minister's house.

That was the most joyous Christmas dinner I ever sat down to.

**ARTHRITIS DEFORMANS.**

**By Herbert T. Webster, M. D., Oakland, Cal.**

Professor Church's article on this subject for the October number is an interesting and valuable contribution. He affords us a lucid epitome of the etiology, pathology and diagnosis, and his treatment is original and evidently successful. The fact that the disease is seldom met with is no reason that it should not receive the careful attention of every physician, for it occurs with sufficient frequency to demand more than passing notice.

Arthritis deformans is a subject which attracts little notice from physicians usually, for the reason that they are seldom called upon to treat it. When they are, especially if the case be not fully developed, they are fortunate if they do not make an error in diagnosis, and fritter away time and money medicating it for rheumatism. Antirheumatics would be wasted upon such a case, and loss of credit would be likely to follow. When a case has been well developed there is likely to be no mistake, for the patient knows by this time what the trouble is, in all probability; by this time some one of the many consulted has probably diagnosed it and pronounced an unfavorable prognosis; so, little is expected from the medical profession, and little is asked, as no hope is entertained of recovery, and the sufferer expects to eke out the remainder of his existence without help. But in the early stages, the practitioner should be careful to comprehend the differentiation between this and a much more common affection—articular rheumatism.

I well remember a chair-ridden invalid of this kind treated by myself during the callow days of my professional experience, for chronic rheumatism. I followed a long line of predecessors and, of course, was finally dismissed as I deserved to be, after an ignominious failure to benefit the patient in the least. In latter days physicians have become better educated and more critical; they are not liable to make such mistakes. However, one often learns more through his blunders than through his successes. An ambitious tyro will not rest after a failure without making a thorough analysis of his recent failure and striving to fortify himself against another. If he is practicing medicine merely for the money there is in it, his mistakes do not profit him much.

Within the last year I have been called upon to treat two cases of incipient arthritis deformans. The experience of past years has made me shy, and I failed to secure either case as a patient. One was referred to me by the Superintendent of the Associated Charities of Oakland, and my diagnosis and prognosis were so discouraging that

the patient failed to return. The other came over from San Francisco to be treated for articular rheumatism. He had slowly encroaching deformity of the hands and knees, with pain in the ankles when walking. All the affected joints were painful upon motion, but perfectly comfortable while still. I declined to attempt his case upon the basis of rheumatism, and upon explanation of the true character of his disease, he concluded to try and worry along without a doctor. If two or three prescriptions could have cured him, he would have consented to give me a trial, but he did not care to jeopardize his pocket unless I could cure him; and I was glad to see him go in that way.

I believe I have benefited some cases of Heberden's nodosities with silica. The best proof of this I have, is that several such patients have returned for medicine at divers times during the course of a year or more, insisting each time that they were improving upon it, though it was difficult to notice any appreciable improvement in the appearance of the affected joints. However, they knew how they felt better than I did. At least, I believe the disease was arrested in its course by the treatment and that was worth while. We some of us know that silica possesses an affinity for the joint structures and that its influence is reparative, somehow. This is especially so as regards cartilage, for it will frequently cure chronic inflammatory action here, if not acute; and it will arrest and cure enchondroma in children, if begun before the change has been too firmly established. It is a remedy to be thought of, then, in almost any chronic joint affection. Its administration would be philosophical on the basis of trophic etiology. Calcium fluoride belongs to the same category.

My object in this article, however, is not to attempt to add anything striking to the treatment, so much as to contribute an idea as to a possible etiological factor. My suggestion is, that with heredity behind it, official irritation might develop it.

About ten years ago, while I was in charge of a hospital, I had an experience with an aggravated case of arthritis deformans which was instructive and suggestive. As notes of the case, made at the time, are still at hand, I am able to describe it faithfully.

The patient was a woman twenty-five years of age, who had given birth to a child two years previously and had never menstruated from that time. Soon after childbirth, the arthritis symptoms set in, and though she was in the hands of several physicians at different times, the disease steadily progressed. The fingers, wrists, elbows, knees, hips and spinal column, were all affected and distorted and almost immovable. The spine was curved forward and the patient was compelled to lie doubled upon one side or the other the most of the time,

as she was in great pain while sitting, and could not lie on her back. She suffered continually from pain and restlessness, and on this account required turning from side to side twenty or thirty times in the twenty-four hours. She had no appetite and was despondent and melancholic. She could not raise her head from the pillow and was unable to feed herself.

It was a woeful case, which had come hundreds of miles on an invalid's chair from the northern part of the state where she had been to visit friends from the southern part of the country. A purse had been raised by her friends to send her to the hospital for treatment, and as some one there had learned that I treated rheumatism with fair results, I was selected as the victim. Therefore, she camped down on me in this condition, to my amazement and consternation. Naturally, I had to either cry quits or make a bluff, and to refuse the case at the time would have been almost a deathblow to the confident patient.

With little faith in my ability to afford even temporary relief, I put her on small doses of silica, 3x, and ordered daily massage while I paused to take breath. Meantime, I took advantage of the situation to learn all I could about her physical condition. Upon examination I found a badly lacerated perineum and also a rent cervix. Rectal conditions were not abnormal so far as I could learn from inspection. Incidentally, I learned that another case of the kind had occurred further back, in the line of heredity. As I could see nothing else to do, and as I was expected to do something, I operated upon the cervix and perineum at once, and waited results without much expectation of change for the better.

In a few days after this she began to improve beyond all expectation. She menstruated naturally within a week, the pain and restlessness disappeared, she slept nearly all night in one position without discomfort, became hopeful and cheerful, appetite returned, and she began to use her hands to feed herself. In a few days she expressed a desire to sit up, and soon began to write letters to her friends with hands she had not used before for two years. The case was a source of astonishment to all conversant with it.

This remarkable improvement in such a short time would have given me to believe that the case was one of hysteria, had not the evidence of arthritis disease been unmistakable. It would have been impossible for the patient to imagine or counterfeit the condition. There was evidently a marked improvement in the condition of the joints, and I expected to see the patient use her feet before she left the hospital. I expected to see her cripple about. But she remained



only four weeks in all. A letter reached her apprising her of the death of a near relative in her southern home, and she became convulsed with grief and insisted upon immediate departure. She was therefore bundled up and sent away, and amid the bustle her address was neglected as the result I never heard from her afterward, my connection with the hospital soon ceasing.

In this case, I believe the trophic theory of the etiology of arthritis deformans received considerable support. The tissues of the lacerated cervix were remarkably thin and tender and the uterus was atrophied. During trachelorrhaphy, I had to observe considerable care to avoid tearing the sutures out while tying them, and we know that the structures of the cervix are usually very firm. The perineal structures were also remarkably scant and fragile.

In women who develop this disease soon after confinement, I believe the proper course is to instigate a careful investigation of the condition of the organs of generation; and, if accident to any one of the parts has resulted, the first move should be a repair of the damage. One case does not prove much, but we know enough about orificial surgery to realize that various trophic disturbances may attend lesions calling for its interference. We also know that the class of writers who furnish us with the bulk of our etiology and pathology are usually in entire ignorance of their significance, and that they are almost too self-opinionated to investigate the subject.

To the young practitioners who have read Professor Church's article and may be tempted to follow his example and forcibly break up joints stiffened from arthritis deformans, my advice is, don't do it. While results were apparently favorable in the case he cited, the measure is extremely heroic, and ought not be attempted by one whose age, experience and reputation would not serve as a bulwark against the indignation which might be aroused against a young practitioner in case of failure or possible serious after-effects. Send for Professor Church and let him take the responsibility. You look on and keep out of trouble.

I have broken up a few anchylosed joints due to inflammatory action with fairly good result, but in such cases degenerative changes had not been at work very extensively. In advanced arthritis deformans, the articular cartilages have been softened and atrophied, and they frequently disappear in the center altogether, where the greatest pressure is exerted and the bones are exposed and become eburnated, constituting the articular surfaces. The cartilaginous rings remaining undergo irregular nodulated proliferation, and later become bony formations—osteophytes—which serve to lock the joints.

Forcible breaking up of such structure leaves little probability of return of normal elements, and it is hardly probable that joint function can ever be restored. However, in so deplorable a condition as extreme arthritis deformans, heroic measures are the only resort, if any marked improvement is to be expected.

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### CICUTINE.

By James Burke, M. D., Manitowoc, Wis.

Cicutine is a liquid alkaloid derived from *conium mac.*, of light specific gravity, volatile and readily decomposed in air; hence the utility of putting it up in granules and tablets of superior workmanship. It is quite soluble in alcohol, ether, chloroform, acetone, benzole, and the essential oils; more soluble in cold than in warm water.

The salts of cicutine are quite stable. The hydrobromate is in the form of small, colorless, rhombic prisms, maintaining the integrity of its component units in the presence of the atmosphere. Our present knowledge of the action of the drug, restricts the therapeutic use of the medicine to the hydrobromate; the base and the acid of the compound are in some respects synergistic. Cicutine in the general circulation, chemically combines with the incomplete nervous waste, whose presence in the circulation attacks the integrity of the chemical construction of the peripheral motor nerves, and to a limited extent, the chemical construction of the inhibitory motor centers of the spinal cord and brain in making of this toxin a benevolent excretory product.

There are different grades of toxicity: of the same initial, incomplete, waste, proteid product: each phase of the morphology of the product toward its ultimate attainment of a complete excretory product, exhibits a distinct toxicity. The active principles are all chemically unsatisfied proteid congeners of the bodily toxins, in disease; the crux of scientific therapeutics is the giving of the right vegetable proteid entity to neutralize both; the requisite neutralization renders both benevolent excretory products. In poisoning by any nitrogenous incomplete principle, the cognate tissues of the host are chemically attacked by the poisonous substance, in the effort to secure the molecule or molecules, sufficient to convert the disturbing poison into a benevolent excretory product; benevolent, because without properly made-up excretory products the excretory organs can not functionate normally. To mucous membranes, cicutine is an irritant; but to the skin, in solution, it is an anesthetic. Solutions applied to the eye cause great irritation, and after subsidence of the irritation, a corre-

sponding degree of anesthesia is ushered in. Any amount of cicutine is poisonous to a healthy person; it seeks a satisfying, affinitive substance by attacking the integrity of the peripheral motor nerves and the inhibitive motor centers of the brain and spinal cord; loss of power begins at the fingers and toes and gradually extends upward—if the dose is large enough—till respiration is seriously embarrassed. Although the terminal branches of the vagus are somewhat affected, the heart is the last function to be seriously affected.

If there is a cognate toxin in the blood, the chemical aggressiveness of the cicutine is neutralized by the toxin, and the chemism of the disturbing toxin is neutralized by the cicutine, so that the resulting chemical compound is a benevolent excretory product. Cicutine neutralizes strychnine only to a limited extent, because the chemical complexity of the latter can not be fully met by cicutine. The therapeutic action of cicutine in excessive movement of the skeletal muscles, as manifested in chorea consists in neutralization of the incomplete nerve waste causing the excitability; and the therapeutic surplus of the medicine temporarily chemically combines with the composition of the inhibitory nerve centers and peripheral branches of the motor nerves, to quell the abnormal muscular movements. The application of the remedy must be carefully considered and minutely adjusted to the conditions present to obtain ideal results. The dose of the hydrobromate is: grain, 1-67, repeated to suit conditions. It may be given hypodermically in solution, and when indicated is a hypnotic and anodyne. It is very useful in alleviating the pain of cancer; grain, 1-12, in two drams of olive oil, is a soothing topical application to irritable sores. The initial dose of 2-67 of a grain should be injected into the cancerous tumor, to be repeated as toleration is established. Ganglionic excess is successfully combated by cicutine; but the other toxins of the system must be lessened and finally neutralized by the appropriate proteid principles affinitive for them. Cicutine combined with hyoscine judiciously employed, is useful in acute mania, and as a sedative to the motor nerves and spinal cord. Mental aberrations preceding insanity are successfully relieved by cicutine.

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### RUPTURED UTERUS—RECOVERY.

By H. C. Burson, M. D., Toledo, O.

On June 16th, 1907, I was summoned to attend Mrs. Z., a German woman multipara in confinement, arriving at her home about 6 A. M. History as follows: Age 38; menstruations began at fourteen; married at twenty; mother of four children; aborted once, two months

previous to conception of the present child. At that time I found the uterus completely anteverted, and containing an ovum of about three months' growth. I made a curettage and she made a good recovery.

At the third month of the present pregnancy, I was again called to attend her in what I thought would be another abortion. Examination showed the uterus to be completely anteverted. There were severe pains, and considerable hemorrhage followed the correction of the position. I gave a Creolin douche and applied an aseptic tampon, expecting to return the next day and find the ovum expelled. In this I was disappointed, and instead found the pains gone. I had given her the following: spec. viburnum; oz. ij; spec. macrotys, dr. i; water oz. iv; teaspoonful every hour. She was kept in bed for a week; then allowed to be up. There was no further trouble and she was in excellent health up to the full term.

The home surroundings were far from good. After thoroughly scrubbing my hands, the pubes and vulva were cleansed as best I could, with soap and solution of bichloride one to two thousand. I then made the usual examination. The os was fairly well dilated; the membranes intact but protruded in the vagina at each pain. The presentation was what I thought to be a left occipito anterior, but high in the pelvis.

The pains were not severe, and as I had had but little sleep the night before, I lay down on a couch in an adjoining room and waited for developments. After a nap, I again cleansed my hands and made a second examination which showed but little, if any, advancement. The pains had not increased in number or severity, and having other work to do I went to my home for dinner, and then attended my other patients, leaving instructions to call me immediately if the pains came oftener than once in five minutes, or became very severe. I received no word from the bedside and returned to my patient about 3 P. M., making a third examination.

After thoroughly cleansing my hands—and I believe it is very important to get the hands as near aseptic as possible, and I treat every confinement as a surgical case, too frequent examinations are dangerous as the chance of infection is too great—I now found the os more fully dilated, and the membranes bulging in the vagina, but the child had not made any descent. I concluded there must be an excess of water and that the head could not descend far enough to engage; so at the next pain I ruptured the membranes. A very severe pain followed, and to my surprise I could now distinctly determine a foot and hand descending with the head. I made up my mind to do version, and was hurriedly making preparations for it, when the

patient exclaimed that she felt something "give away," and complained of a burning pain in the left iliac region. The pains ceased and evidence of shock began to appear. The patient became pale and a cold, clammy sweat was on her forehead. The pulse was rapid and feeble, and I made up my mind that a hospital was the place for her. I called an ambulance and she was in the operating room in less than one-half hour.

The preparation of patient was hurried, not even taking time to shave the pubes or vulva. Under chloroform the feet of the child were grasped and delivery was quickly done. After the removal of the placenta, we could distinctly feel coils of the intestines protruding into the tear of the uterus. We had no time to lose, as our patient was seemingly beyond hope but we concluded to do our best to save her. While we scrubbed our hands the abdomen was prepared for laparotomy. An incision six inches in length was made, the uterus grasped with vulsellum forceps and brought through the incision, when it was found that the tear extended from the cervix into the left broad ligament nearly to the fundus. Fortunately the uterine and ovarian arteries were not torn; and silk ligatures were thrown around these on both sides, the bladder and rectum dissected away, and the uterus cut from its broad ligament attachments. On further inspection we found the ureter on left side completely stripped of its peritoneum for about two inches.

The pelvis was cleared of clots and several bleeding points clamped and ligatures thrown around them. The bare part of ureter was covered as best we could with peritoneum; the vaginal opening closed with continuous catgut suture, and the abdomen sponged dry and closed by through and through silkworm gut down to the lower angle of the wound, where a large iodoform gauze drainage was left extending down into the left broad ligament space. Over this a dressing of plain gauze, covered with cotton, was placed. Hypodermoclyses of normal salt solution was being given under the breast during the operation, and this was slowly and continuously given after the patient was put to bed for the next seventy-two hours. The pulse was uncountable and the family was informed that she would die. It is needless to state that the child, an eight pound boy, was dead when delivered.

To our happy surprise the patient rallied after the narcosis had worn off, and good luck was with us, as she had no nausea or vomiting from the chloroform. Gradually the pulse became stronger and decreased in frequency. The patient never complained of pain, but her breathing was labored at times and she complained of being faint.

The drainage was profuse for a day or two, but had nearly ceased by the fourth day, when it was changed and a smaller one applied. The eighth day all drainage was removed and the wound allowed to close, which was a bad thing to do as we learned later.

In a few days we had a large indurated mass in the left iliac region, with accelerated pulse and a temperature of 104—no doubt caused by some infection left after drainage was removed, which proves the adage in surgery—"when in doubt, drain." The abdominal wound was completely healed and our only avenue to the infected part was through the vagina; so I broke open the wound and separated the adhesions up to the mass, and then penetrated the abscess cavity with my finger, being careful to find all pockets. There was considerable drainage for about two weeks, but it finally ceased, and from that time on my patient made a good recovery. After the fifth week she had at several different times, an incontinence of urine for a few hours which I attributed to the shortening of the vagina and subsequent adhesions which dragged down the meatus urinarius from its normal situation. This has now ceased and she says she is as well as ever, and is again doing her household duties. This case, I believe, shows the importance of an early diagnosis in rupture of the uterus, if we are to save our patients. Of course it is a very infrequent occurrence. It is estimated at one to every four thousand confinements. No time can be lost by waiting for pains to reappear after evidence of collapse, as they never will, and every minute means danger. Hysterectomy or repair through the abdomen is our only hope.

The rupture in this case can, I believe, first be attributed to the early conception after the curettage, as the uterus was at that time large, soft and flabby, and did not have time to regain its usual vigor; second, to the position of the child; third, to the excessively severe pains following rupture of the membranes. The question might be asked why we did not attempt to repair the tear, and not remove the womb. My answer would be that hysterectomy could be done in less time, with less hemorrhage, and the chance of infection would be too great by leaving the uterus, even if repair was possible, and in this case it was not.

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An ulcer with indolent flabby granulations may be stimulated to renewed activity by a thorough scraping, or by vigorously rubbing it with gauze.

Pediculosis capitis may be the indirect cause of acute torticollis by reason of a developing postcervical adenitis.

American Journal of Surgery.

## THE BLOOD.

By Lyman Watkins, M. D., Blanchester, O.

That the blood conveys nutriment to the tissues, carries away effete material, and warms and moistens the body, is well known. The great importance of this life-giving stream can not be overestimated, for there are many things about the blood that are yet unknown and still in the course of investigation. From time to time new discoveries are made which further increase our knowledge of the function of this fluid and stimulate research and experiment. The fact that the blood is composed of corpuscles and serum was established many years since; that the red corpuscles are carriers of oxygen to the tissues has been proven beyond doubt, but they not only serve the body during their short life of five or six weeks, but when death and disintegration occur they again serve, as their worn out hemoglobin is converted into pigment and colors skin, chorioid, bile, urine and feces. Nature is very economical; nothing is allowed to go to waste that can in any way be utilized in the body.

There are several varieties of the white blood corpuscles, the classification being based upon their microscopic structure and color reaction. Various functions have been ascribed to the leucocytes, and according to the theory of Metschnikoff they may be compared to a vast army whose duty it is to protect, defend and reconstruct the body. The colorless corpuscles may be subdivided into the fighters, the carriers, and the builders. The phagocytes are the defenders; they protect the body from pathogenic bacteria by ingesting them, thus directly causing their destruction, or by forming a "defensive proteid" that destroys them. By virtue of this protective force the phagocytes also confer upon the body immunity from infectious diseases. The lymphocytes are the builders and reconstructors. Where tissues are inflamed or injured, lymphocytes are found in large numbers and at once begin reconstructive processes in damaged tissues. They frequently limit inflammatory progress by forming a breastwork or line of demarkation about the diseased area, and should this be destroyed they retire and throw up another wall until pathological processes are hemmed in.

Another variety of leucocytes are carriers, and pass from one part of the body to another in the performance of their functions. The leucocytes have many functions in the body besides those mentioned above. They aid in the absorption of fats and of peptones; they take part in coagulative processes and assist in maintaining the normal composition of the plasma. Although the uses of the corpuscles, both white and red, are of great value to the body, recent

investigations of the plasma and serum show them to be of even more importance. Various enzymes have been demonstrated in the blood. A lyptolytic or fat-digesting ferment has been found that exerts its action in the presence of the red corpuscle and oxygen; also a diastatic enzyme and a glycolytic enzyme; and Hedin mentions a proteid ferment which acts in an alkaline medium. So that the blood stream contains digestive ferments, and we have here a process of food preparation going on even after the digestive organs are passed and the pabulum absorbed. It appears rather unusual, and at variance with the earlier teachings of physiology, to regard the blood as a digestive organ. There are also found in the blood anti-enzymes which restrain or check the excessive action of the enzymes.

There are in blood serum, anti-bacterial substances, which not only have the power to kill bacteria, but also to counteract the effects of auto-intoxication and oppose infection generally. The protective action of blood serum confers upon the body an immunity from disease which until recently has been scarcely appreciated. When a toxic substance is introduced into the blood, the serum possesses the power of changing it in some way, and thus neutralizing its injurious effects upon the organism. These protective elements in the serum are called "antibodies." Antitoxins also appear in the serum when toxic bodies gain entrance into the blood stream and a large number of antitoxins have been isolated. A cytolytic principle found in serum causes the destruction of the blood corpuscles of other animals when injected into the vessels of the human body, and by cytolysis bacteria and all forms of invidious cellular life are destroyed in the blood. The "precipitin" present in serum causes a precipitation of foreign substances in the blood, and thus leads to their neutralization and elimination. The agglutinins of the serum also have a protective function and are of importance in systemic affections, such as typhoid, typhus and continued fevers generally. There are other lysins and precipitins in the serum, the purposes of which are not fully understood, but they no doubt have a definite action and are being carefully studied, so that we may hope for more light soon.

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### MODERN INTRA-UTERINE IRRIGATION.

By C. Woodward, M. D., Chicago, Ill.

The medical profession has never observed one-half of the problems that occur as sequelae following the cessation of the menses, and it never can as long as it does not practice the modern method of irrigating the uterus. The uterus that has participated in gestation



and the delivery of several fetuses is very susceptible to inflammation from injury, atony, perverted circulation and obstructed drainage.

Whenever thus affected during the approach of the menopause it frequently becomes complicated from the effects of one or more systemic diseases, such as Bright's disease, malassimilation, mucocolitis, urethritis and cystitis. Then the uterine fibres become too weak to contract and empty the uterus, thus retaining one or two drams of blood following the cessation of each flow. This blood then decomposes, develops irritation and utero-toxemia, and causes malignant and benign growths, insanity, nervous exhaustion, and many reflex actions unsolved before uterine irrigation was practiced. The result obtained from irrigating the uterus of a woman who had ceased menstruating for two years sustains this claim.

Mrs. F., age twenty-eight, was delivered of a female child in 1902, with forceps, and because of the physician's oversight as to her true condition, convalescence was prolonged and pelvic troubles developed in the two years following, to the extent that both ovaries were removed and her uterus curetted. During her first menstruation, after returning from the hospital, she was attacked with a form of headache never before endured. Although both ovaries had been removed and her uterus curetted, she continued to flow regularly for two years, but in diminished quantities. At first the headaches were confined to the menstrual periods, but following cessation, for two and one-half years she was attacked every two weeks and finally two or three times a week.

A neighboring woman who had been cured of catarrhal endometritis by the irrigation method, advised her to consult the writer. She accordingly called in July, 1906. An examination disclosed the uterus small and the cervix free of exudation, but the sound elicited sensitiveness of the endometrium.

Diagnosis: non-secreting inflammation of the endometrium and subcellular or interstitial tissues, and spasmotic contraction from reflex irritation which compresses uterine nerves.

The normal atrophy acquired following cessation, made it quite difficult to secure sufficient dilatation of the cervix to irrigate. However, it was accomplished, and twice a week two four-oz. solutions—one peroxide of hydrogen, and the other a three per cent. alkaline antiseptic—were thrown into the uterus through a recurrent douche; and a two-ply absorbent gauze, with a string attached, saturated in a solution of equal parts of specific phytolacca, thuja and glycerin, was inserted up to the fundus to remain twenty-four hours. One of these

headaches was very much modified during the first irrigation, and six treatments have prevented any further attacks.

Who has not seen an inflamed sore become hard, dried and withered from want of moisture, cleanliness and attention? Watch one of these dried-up injuries or sores that is receiving only an application of sterilized water, and observe it take on a reparative action that ends in its healing.

So the tissues of a diseased uterus following cessation, can become withered and starved for want of nutrition by a perverted circulation. And have we any other treatment that will correct the circulation, supply moisture, relieve irritation, and encourage a reparative action equal to the irrigation method?

Can physicians conscientiously suggest in this case that the atrophied cervix of this woman be forcibly dilated and the uterus curetted, knowing that she never endured any of these headaches before the first curettement?

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### **Ston Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

Case 117.—Mrs. G., age 35, referred to the clinic by Dr. Louth, of Pennsylvania, on account of severe pelvic and abdominal pains of many weeks' duration, followed by complete immobilization of the uterus, with enlargement extending in either direction corresponding to the uterine appendages.

This patient has been confined to the bed for many weeks, and shows marked evidence of pus-poisoning. As a rule, these cases are not in condition to stand a very protracted operation and will not rally readily from surgical shock. There is also much danger in the attempt to remove the appendages, of septic infection in the abdominal cavity. We, therefore, in this case, wall off the abdominal cavity from the pelvic, by placing within the abdominal cavity on the intestines good-sized laparotomy sponges, out of hot salt solution, and then reinforcing this protection by placing them in the upper angle of the wound, to extend down into the abdominal cavity. This method, in case of rupture of the pus tube, eliminates as far as possible the dangers of septic infection of the abdominal cavity.

This patient had a very free discharge through the bowels, of pus, some weeks ago, which presumably came from one of the tubes touring through the intestinal track. We, therefore, approach the case with extraordinary care, so that in case we should find a connection existing, in the shape of a fistulous track, it may

be dealt with before closing the abdomen. We find a double pyosalpynx with agglutination, and binding down of both of the uterine appendages, and a complete adhesion of the posterior part of the uterus to the rectum.

I believe it to be good surgical work, with this condition, to do a complete abdominal hysterectomy, removing ovaries, tubes and uterus, and using Douglas cul-de-sac as a way for drainage, but this patient has been so enfeebled by the long sickness, and the blood so badly poisoned by septic infection, that it is better to attempt only that which she will be able to endure without making the operation too radical. We therefore remove the ovaries and tubes and find an abscess of the ovary and tube, one of which ruptures in the pelvis, in the dissection, from the excessive adhesions which have already obtained. When this happens the operator's hand should retain and gather in all of the pus possible, and the assistant immediately sponges it from the pelvic cavity, with small pledgets of gauze, before proceeding farther with the operation.

We have now removed, in this case, both ovaries and tubes, leaving quite extensive traumatic surface in either iliac region. There is no evidence of a fistulous track in connection with either tube, although I am aware of the fact that this rotten tissue may involve an intestine at any point, and its wall, later on, give way, causing much trouble.

In this case, on account of having done a perineorrhaphy, we shall not pass the gauze through Douglas cul-de-sac, but place enough at the lower angle of the abdominal incision to cover and wall off the traumatic surface in either iliac space. This gauze will also act as a "telltale" in case of any mischief in the abdominal cavity, by way of hemorrhage or sepsis, or giving way of the wall of the intestines.

The patient has withstood the operation very nicely. Instructions are given for the hypodermic use of strychnine once in four, or six hours, for the next two or three days.

On my visit to the hospital following the morning of the operation, I found the patient's condition very good indeed; everything seemed to be in her favor; the bowels having acted nicely and temperature not much above normal.

On my second visit the following morning, I found everything apparently in good shape, but the patient complaining of the dressings being a little too tight.

On loosening the dressings I found the "telltale" gauze in the lower angle of the wound, showing a fecal discharge. The

patient was therefore ordered to the operating room, the abdomen reopened and about a pint of contents of the bowels well confined in the pelvis removed, and the wound carefully washed out, and a thorough search made for the opening in the bowel, which was impossible to be located. We were therefore obliged to close the abdomen, the patient was returned to her room, but within a few hours succumbed to secondary shock.

I give a careful history of this case for the experience, perhaps, of warning practitioners of the dangers of operation in pus tubes and in tubo-ovarian abscess.

If we are to make a success, the family physician must insist on early surgical interference.

I know that it is often very difficult to get patients to submit to a surgical operation as long as they are able to exist by any other means, and often times they will only consent on the last day of grace, when they are pus poisoned, and adhesions so extensive that it is quite impossible to tell in the separation which tissues are involved, appendage or intestinal. Under such conditions the best surgical skill in the world, and the best nursing care must occasionally meet with defeat.

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The occurrence of post-operative phlebitis is often encouraged by keeping the patient too long in bed.

Ichthyol, if used in ointment sufficiently strong (25% to 50%), is perhaps the most useful single medicament in aborting early superficial infections.

The addition of a little oil of citronella to an ichthyol ointment robs it of its disagreeable odor.

The best thing to do in such emergencies as air embolism is to apply compression immediately, and pour large quantities of solution, preferably salt solution, into the wound.

The presence of varicocele, especially if unilateral, should suggest an examination of the abdomen and pelvis for a possible growth pressing on the spermatic veins.

No case of hemorrhoids should be dismissed after merely an external examination. The possibility that the piles may be evidences of an obstruction higher up in the intestine or in the portal circulation must always be inquired into.

A gradually increasing anemia in an elderly person, without any other symptoms, is highly suggestive of a latent carcinoma, often in the intestine.

**Ohio State Eclectic Medical Association.****PROCEEDINGS ANNUAL MEETING, 1907.****W. N. MUNDY, M. D., EDITOR.****SECTION VI.****PATHOLOGY AND PRACTICE.****J. L. PAYNE, M. D. CHAIRMAN.****A CASE IN PRACTICE.****By J. L. Payne, M. D., Cincinnati.**

The case in practice I report is one of great interest to me, not only from a standpoint of severity, but also the methods used in treatment.

Mr. G., aged 25, a traveling man; well taken care of; no dissipation of any kind; very fond of outdoor sports.

History: Father died at the age of 57, after a paralysis of six years standing; one brother died at the age of eleven from cerebro-spinal meningitis; mother living, healthy and active at 65; one sister living who is very nervous.

I diagnosed the case as typhoid fever and removed the patient to the hospital. I treated the case according to conditions, using echa-folta, sulphocarbonate of zinc and salol for intestinal antiseptics. Everything progressed nicely, and on the eve of the twentieth day, I asked the nurse as I left to keep a close watch on the patient for I looked for a change. Next morning, at 5 o'clock, I was called, and when I arrived at the hospital I found my patient just coming out of a convulsion. His pupils were dilated very large; comatose condition, it being very hard for him to speak though he knew me. Tenderness at the base of the brain and along the spinal cord. I at once used the long rectal tube and flushed the bowels carefully and put him on belladonna in  $\frac{1}{2}$  drop doses every hour. At nine o'clock the condition was worse; opisthotonos more marked; semi-conscious. The bowels moved and the discharge was very offensive. Increased the belladonna to one drop doses every hour, and put him in hot sheet pack for twenty minutes, as there was a tendency for the spasm to recur; flushed the bowels again, as I felt sure the poisoning producing the condition was due to the bowels.

At three in the afternoon, matters were very bad, the patient worse, pupils very large, unable to articulate or to swallow; patient resting on the top of his head and his heels, back not touching at all.

Counsel was asked and sent for, who said he could not see any hope and suggested that in addition to what I was giving as antiseptics, we use antistreptococcic serum as a last resort. I agreed and we gave him 20 c. c. at four o'clock in the afternoon.

At nine o'clock that night he was better. The opisthotonos was not so pronounced; his arms and fingers could be moved. At six o'clock the next morning he had another convulsion. The hot sheet pack was used, and this lasted about twenty minutes, and we gave him 10 c. c. antistreptococcic serum. Twelve hours later 10 c. c. more, at which time he was conscious and very much better. I kept this treatment up, 10 c. c. antistreptococcic serum, night and morning, for three days; also was giving echafolta every three hours.

At the end of three days all signs of the attack of spinal meningitis was gone except a nervous condition and he was unable to sleep. Sulphonal made him wide awake and delirious. Finally I used twenty grains of chloral hydrate dissolved in three tablespoonsful of warm water, per rectum. This put him to sleep, and we had no more trouble until the 28th day of the disease, when his joints, particularly of the fingers, wrists and ankles, began swelling and paining, and I had then to deal with one of the worst cases of inflammatory rheumatism I have had to treat in a long time. However, this yielded to treatment readily, which was macrotys, bryonia and salicylate of sodium. On the 34th day of the disease, Christmas eve, he was able to be taken home convalescing. He made a good recovery, has had no trouble since, and weighs more now than ever before in his life.

#### DISCUSSION.

Dr. C. G. Smith—We do not understand that the serum is recommended as a specific in typhoid fever, but rather is useful in any disease when the same conditions exist as in this one.

Dr. Taylor—There is always considerable skepticism when anything new is presented. I well remember the antagonism with which diphtheritic antitoxin was received. In fact, I was antagonistic to it myself, but am now a convert. I believe the only serum invented for a disease is one in which the disease immunizes the patient himself.

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### DIETETIC TREATMENT OF TYPHOID FEVER.

By P. D. Bixel, M. D., Pandora, O.

Careful nursing and diet regulation are the life-saving agents in typhoid fever. In few diseases does a closer relation exist between right feeding and symptoms. The fever in average cases lasts a month, no matter what the treatment may be, whether by cold bathing or

otherwise, while in some it continues for five or even six weeks, at which time there is a convalescent period of at least two weeks, and often as many months. During this time care in feeding must be exercised. The slightest departure from the rules for diet laid down by the physician may determine a fatal issue. The greatest danger, however, is at the period of ulceration. An overloaded intestine or a distended bowel may perforate at any moment. It is, therefore, necessary to select a diet which will leave but small residue.

Digestion and absorption are interfered with on account of more or less gastric catarrh being present, altering the digestive secretions in quality and lessening them in quantity.

There are two chief factors which should influence the selection of a proper diet for typhoid fever:

First—The supposed danger mechanically irritating the ulcerating surfaces in the intestine.

Second—The relations of the chemical ingredients of the food to the increased tissue change that causes or accompanies the excessive production of heat. If the proper fuel can be furnished as food, the tissues are spared too great self-consumption in producing heat.

In regard to the first factor, in prescribing a milk diet many overlook the fact that undiluted milk, on entering the stomach, becomes almost a solid mass of curds which prove as irritating to the ulcerating surfaces, or even more so, than starchy food.

For patients who are fond of milk and digest and absorb it thoroughly, there is no better diet for typhoid fever and it answers every requirement of food. It contains all the essential elements of nutrition and is easily digested. Those who dislike milk at first may later grow accustomed to it. Due emphasis should be given to the fact that an exclusive milk diet need not and should not be prescribed in routine for all cases. Within the last few years a number of writers (notably Shattuck, of Boston, and Barrs, of London) have advocated a departure from the strict milk diet which had come to be the rule for typhoid fever. It is found beneficial to enlarge the dietary of some patients considerably by such articles, as strained vegetable soups, boiled rice, macaroni, soft cooked eggs, soft cream toast, cream and water, buttermilk, softened soda crackers, ice cream. It is much easier to put all cases of typhoid fever on a routine milk diet, but it is better to devote a little study to suitable variation in the food. Every effort should be made to maintain good stomach digestion. If all food is thoroughly disintegrated before it enters the intestine there need be little fear of a mechanical irritation of the ulcerating surfaces, for more danger may occur through malnutrition of the intes-

tinal wall, which prevents absorption of nutriment. An accumulation of undigested food in the intestine is therefore highly undesirable, and the stools should be periodically examined to see that undigested milk curds do not appear in them.

Milk for some persons in health is really a poison. They completely fail to digest it. It causes constipation with clay-colored or white stools, and fills the bowels with products of fermentation, ptomaines and gases. Others, with whom the milk agrees, become very tired of it after taking it exclusively for several weeks at a time. I have seen cases of typhoid fever with symptoms of scurvy, with swollen and bleeding gums and great emaciation, in patients whom I supposed had been fed too long upon an exclusive milk diet which they failed to assimilate.

*Quantity of milk required.*—If milk is the only food, enough should be given, and the problem of what constitutes enough must be solved in each case separately. Much harm is done by overfeeding, which induces indigestion and restlessness, increases the pulse rate, and aggravates the abdominal symptoms, such as tympanitis, diarrhea or constipation, hemorrhage, and abdominal pain.

There are many writers upon dietetics who give a special caution against the practice of overfeeding in cases of enteric fever, on account of the fact that more or less gastric catarrh is usually present, and that it is an undue tax upon the digestion of the patient to have to deal with a large bulk of food.

On the other hand, underfeeding causes malnutrition, favors the occurrence of complications and prolongs convalescence.

For an exclusive milk diet the outside limits lie between one and three quarts per diem, depending somewhat upon the age and size of the individual, but more upon the condition of his digestion.

A clean tongue, a soft abdomen, and natural milk stools, not too hard and without coagula of casein or flakes of fat, indicate that the milk is well digested.

The reverse of these symptoms suggests that the milk is supplied in too large a quantity, or that it is not being digested, and one or more of three things must be done:

- (a) The quantity must be reduced;
- (b) The mode of administration must be changed; i. e., the milk must be predigested;
- (c) Other foods must be substituted, either wholly or in part.

When the patient emaciates rapidly early in the disease, he is not getting nourishment enough; that is, when the milk is well digested then the quantity must be increased or other food added.



As a rule four to six ounces every two hours day and night, however diluted, is sufficient during the height of the fever to sustain the patient properly. It is best to give as much as can be thoroughly assimilated according to the symptoms above noted. It may be necessary to reduce the amount to two ounces every two hours if severe gastro-intestinal disturbances occur, or temporarily discontinue entirely when much vomiting occurs, then give only cracked ice or half ounce doses of iced champagne.

The milk may be given raw or boiled, diluted with plain water, barley water, lime water. The taste of milk may be disguised by the addition of a little strong coffee, or occasionally with a cup of cocoa, milk predominating.

*Substitutes for milk diet.*—When milk is disagreeing and producing flatulence, I have often seen improvement follow an entire change of diet for a day or two to animal broths.

In cases like those described above in which, after a fair trial it is found impossible to urge upon the patient the taking of milk, there is no objection to giving strained broth of mutton, chicken or beef, and light farinaceous articles, such as the prepared starchy foods, like Mellin's or Nestle's, barley water, custards, eggnogg, weak tea, egg albumen, which is made by beating it with a little milk and sherry.

In cases where there is a tendency to constipation the use of beef tea, beef juice, or meat extracts, may be advantageously used. Veal and chicken broth are less apt to cause diarrhea. Beef tea or broth may be favored with a little celery salt, or, if there is no diarrhea, with a little tomato juice or other simple vegetable extract.

In all cases of typhoid fever the question arises in regard to waking the patient at night for nourishment. Some patients awaken easily, are fed, and drop off to sleep again almost immediately. They may be fed every two hours, day and night. Others, if awakened, do not readily fall asleep again, and lose half the night's rest or more; this may considerably retard their recovery. It is sometimes best to let them sleep for three or four hours without being aroused.

Cold water should be given in abundance without waiting for the patient to ask for it. Water favors nutrition and the elimination of waste. Hydrochloric acid ten or fifteen drops to the tumbler full of water flavored with orange, is very palatable, and may be used if diarrhea is absent. The juice of a sweet orange or a lemon is often very good; iced tea may prove agreeable.

Alcohol is seldom used in the first part of the disease. Later the heart is enervated and is enfeebled. In complications such as hemorrhage, cardiac dilatation, uncontrollable diarrhea, alcohol should be

given freely. In any case in which alcohol is given, the best guides for the proper quantity are found in the breath, delirium, tongue and pulse. If the breath has no odor of alcohol an hour or two after the dose has been given, if delirium has subsided, if the tongue becomes more moist, and the pulse becomes more full and slow, the alcohol is doing good.

The mouth should be washed very frequently always after taking milk, for nothing causes coating of tongue more than a milk diet. Listerine and hydrogen peroxide, salt solution, vinegar and water, make good mouth washes. If patient is too feeble to rinse mouth the nurse should swab it out with a bit of cotton.

As the fever subsides it becomes an important question how soon to allow a return to solid food. Relapses are very easily induced by indiscretion in this regard.

The patient's appetite is always a dangerous guide to follow in this disease. After four or five weeks of an exclusive milk or milk and broth diet, when the temperature subsides, and often before it has become normal, he becomes ravenous. In the milder cases it is undoubtedly both safe and wise to allow a strengthening diet at an early date, and it will greatly prolong convalescence to forbid it. Light farinaceous diet—tapioca, rice, vermicelli, cream toast, a cracker soaked in cream, etc.—may be given with impunity in cases which have run a mild course, as soon as the temperature remains normal. Meat broth may be thickened with rice or vermicelli. In a day or two more the soft parts of oysters or chop are permissible.

The following diet table is commended by Prof. Thompson, of Cornell University.

The following is a list of foods suitable for the different days of convalescence, commencing a day or two after disappearance of all fever. Milk should be given until gradually wholly replaced by solid food.

First day—Chicken broth thickened with thoroughly boiled rice. Milk toast or cream toast once only during the day; beef juice.

Second day—Mutton broth and bread crumbs, cocoa; milk toast. A piece of tender steak may be chewed but not swallowed. Mellin's or Horlick's food may be given with a cup of hot milk.

Third day—A small scraped beef sandwich at noon. A soft cooked egg or baked custard for supper. Boiled rice or potato (strained).

Fourth day—The soft part of three or four oysters. Meat broth thickened with a beaten egg. Cream toast. Rice pudding and whipped cream.

Fifth day—Scraped beef sandwich, a tender sweetbread. Bread and milk. A poached egg. Macaroni.

Sixth day—Mush and milk and crackers, scrambled eggs, bread and butter, the soft parts of raw oysters.

Seventh day—A small piece of tenderloin steak or a little chicken broiled, bread and butter, boiled rice, sponge cake and whipped cream.

Eighth day—A slice of tender rare roast beef, a thoroughly baked mealy potato, with butter or mashed with cream. Other foods as before.

Ninth day—A little broiled fresh fish for breakfast, beefsteak at dinner, rice, macaroni, eggs, rice or milk, pudding, a baked apple.

Tenth day—Mush and milk, a squab or roast chicken. Other foods as before. Ice cream.

For the next four or five days the patient may select articles from the menu of the previous days, so that three good meals a day are taken, besides three or four glasses of milk between meals, and continue day after day until wholly replaced by a solid diet.

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## SECTION VII.

### OBSTETRICS AND GYNECOLOGY.

C. G. SMITH, M. D., CHAIRMAN.

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#### **PATHOLOGY AND TREATMENT OF ABORTION.**

**By J. L. Payne, M. D., Cincinnati.**

The word abortion means to the physician, "The expulsion of the fetus which is not viable; the expulsion of the fetus during the first three months (some authors say six months) of pregnancy; the premature stoppage of any physiological or morbid process. To the laity the word abortion means something criminal, and the term miscarriage is usually applied.

Causes—There are many causes of abortion, which it is not necessary to enumerate, but we will refer briefly to those causes which have to do directly with the pathological lesions found, and the treatment. Among these are diseases of the mother, particularly febrile, if high and continued; and diseases of the fetus itself, affecting or stopping its growth or causing its death. The cause with which the physician has most trouble, is the induced or artificial abortion, where some means has been used either to kill the fetus or to induce uterine contraction and thereby cause its expulsion. Many women produce abortions upon themselves, and will

use almost any means to bring on miscarriage. They will use crochet and knitting needles, slippery elm bark, lead pencils, catheters, sounds, etc., and will take all kinds of concoctions by whomsoever prepared, utterly regardless of what the effect on the system and health will ultimately be. In nearly every locality there are a few women, some of them said to be "midwives," who make it a business to produce abortions. The means used nearly always consists of a piece of slippery elm bark, about the size of a lead pencil, and sharpened, which they introduce into the uterus and allow to remain. I refer to the latter cause in order to mention the fact that in these cases the necessary precautions relative to the cleanliness and sterilization in cases where it becomes necessary to stop pregnancy are not carried out and the danger from septic infection is therefore greatly increased. I do not want to convey the idea that all midwives produce abortion, or reflect on those who do a legitimate obstetrical business.

**Pathology**—The pathological lesions in abortion vary greatly, and in many instances have to do directly with the cause. Many women miscarry, and the uterus is able to free itself of both fetus and placenta, and the patient makes an uneventful recovery. Where a portion of the placenta, secundines, or blood clots, remain in the uterus and are not removed artificially, absorption takes place, and as a result septic infection and possibly septic peritonitis ensues.

When abortion occurs early in pregnancy, about the second month, there is not likely to be sufficient matter in the uterus upon which to contract, consequently a state of inertia exists, after possibly the expulsion of the fetus and blood clots, thus leaving the placenta. Again we may have a passive or profuse hemorrhage, the placenta entire or in part remaining, and with very little or no pain or contractions. They will deny absolutely that there is anything wrong, and we find them either having hard chills, or chilly sensations, fever from 99 to 102, nauseated and sometimes vomiting, with very little discharge. On digital examination we find the os patulous and the odor on the fingers is characteristic and unmistakable. When this condition exists we will likely find very little, if any, dilatation.

When abortion occurs about or after the third month we will sometimes find a very rigid os, unyielding, long and almost to a point; and after twelve or eighteen hours of labor pains, sufficiently hard to expel the fetus, we will find that the os has not dilated sufficiently to allow the introduction of one finger. This is a condition which is very tedious, and wears both the sufferer and the

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physician out; often requiring prompt action and a great deal of patience.

It is not rare to find a case where there has been a puncture of the uterus, also in the posterior cul-de-sac; with the accumulation of material in the cul-de-sac, extra peritoneal. This nearly always is pointing downward and posteriorly, with very little fever, possibly one-half to one or two degrees. If left alone this accumulation will either break through and be discharged from the rectum or be absorbed, and may produce septic peritonitis.

The abortion causing the most trouble and attended with the greatest danger, is where the fetus is expelled with a great many blood clots, the labor pains cease, and the people mistaking the blood clots for the placenta, the physician is not called until there is a chill and fever and infection has begun. Here we have inertia following the expulsion of the fetus with the placenta remaining.

Hemorrhage in abortion, in the great majority of cases, is passive, and as soon as the uterus is cleaned out, stops of its own accord.

Again we will find a case, after the expulsion of the fetus, when the os is fairly well dilated or dilatable, and there is no contractions, and a complete, or nearly so, hour-glass contraction dividing the uterus into two compartments. This condition is common in abortion, occurring about the second or third month of pregnancy.

Treatment—In the treatment of abortion I will give my own procedure and experience, from the general practitioner's standpoint. In each and every case make a careful and private inquiry into the case and cause. This will often help you. Then examine very carefully. Where we find the fetus expelled and the placenta remaining, if early, you will nearly always find sufficient dilatation to remove the after birth. If this can not be done with the fingers, introduce a curette, as large as possible, or the small size sincere curette; and then go from each corner of the uterus to the cervix, removing everything, but not with sufficient force to injure the uterine walls. I recommend the use of a dull curette where a straight one is used, and if you use the sincere introduce with the augur movement and then pull straight from each cornu to the cervix. I have never been able to accomplish anything with the augur movement after the curette is introduced. The great value, in my mind, of the sincere curette is that it can be introduced where you can not the ordinary curette, and it is dull and does not injure the uterus.

After cleaning the uterus, give the indicated remedy. If you

have fever, dark discoloration of the tongue, coated; bounding, strong pulse, give veratrum vir. gtt. x to xx or xxx and echafolta one-half to one ounce to half glass of water, one teaspoonful every two hours. Weak rapid pulse, grayish pasty, coated tongue, fever from one to two and one-half degrees, with muscular pains: sodium salicylate and bisulphate of quinine, of each two and one-half grains, in capsules, one capsule every two hours. Use vaginal douche with plain sterile warm water every two, three and four hours. If fever 102, or more, continues for twenty-four hours, use intra-uterine douche of plain sterile warm water; repeated at intervals of twenty-four hours, where there are no contraindications, and the fever remains 102 or more. Some patients can not have the intra-uterine douche used on account of chills and the rapid increase in fever. This idiosyncrasy must be respected.

In the case where there has been very little discharge of any kind, with nausea and vomiting, you will likely find a full uterus. This same condition exists where the fetus has been expelled and the placenta remains several days. Should you clean this uterus out you will likely have a hemorrhage that you can not control, and you may have a death from exhaustion. If you have very little or no dilatation, and the cervix is not so sensitive that you can not do so, use a small dilator and dilate slightly, allowing the discharge to start, and then pack the os with strips of sterile gauze, and leave for twelve hours. This gauze acts in two ways; first as a syphon, and by irritation, will induce uterine contractions; after which you can clean out thoroughly. If it does not cause contractions, remove a portion of the uterine contents, and repack.

Within the next twenty-four hours the desired results will be accomplished and you are safe then in cleaning out. These are the cases in which absorption has taken place, the poison carried all over the system, and your after treatment is of the greatest importance; when the vomiting persists, give one-tenth grain of calomel, crushed and put on the tongue, every hour, for eight or ten hours. This will not only allay irritation and quiet the stomach, but will cause the bowels to move, act as an intestinal antiseptic, and open another flood gate to help you along. Here, as in other cases, give the indicated remedy, using the douche, etc. Here is a condition in which I have had excellent results from the use of anti-streptococcic serum. After using everything I knew, the uterus I knew was clean, and conditions still very unfavorable, fever, prostration, and a general state of collapse, with a fatal termination directly in front of me; in desperation I used 20 c. c. anti-streptococ-

cic serum. Within six hours the temperature dropped one degree and there was a marked improvement. In twelve hours used 10 c. c., and twelve hours later used 10 c. c. more. Twelve hours from the last dose, temperature normal, pulse 80, condition as good as could be asked for. The patient made a rapid recovery.

Where you find the rigid and unyielding os, and labor is protracted on this account, give one-fourth grain sulphate morphine, hypodermatically and repeat if necessary in three or four hours. morphine relieves the pain and favors dilatation. If the patient wears out, give chloroform, dilate and deliver, and treat the same as normal labor. Always deliver the afterbirth at the time or soon after the fetus.

Where we have an accumulation in the posterior cul-de-sac, if conditions are not bad or alarming, no fever, no sepsis; as this accumulated material is extra-peritoneal it will likely break through and discharge into the rectum. If fever and indications of septic infection exist, open the cul-de-sac, drain, and pack with gauze strips, removing a portion of the gauze every twelve hours, taking out the last within thirty-six hours.

The hour glass contractions are usually not so marked but that you can go through and clean out the uterus above and below the contraction. This is very important.

Now, before I close, I want to report two cases, very interesting to me and very different in pathological lesions. One, a woman forty years old, the mother of seven children, and on account of being ashamed of her older children, grown, went to a so-called midwife, who performed an abortion on her. Four days later I was called, and she said the pains immediately following were almost unbearable, and that she had passed everything. On examination I found a hard substance in the os, which I could not remove with the fingers. I knew that this substance was something round, hard, and could not be anything that should be there. After passing through the os it pointed directly toward the vesicle. Taking a long pair of hemostatic forceps I pulled away a piece of slippery elm bark about six inches long, and with it came quite a discharge of very offensive muco-purulent matter. I washed the uterus and vagina carefully, and felt sure that the anterior wall of the uterus had been punctured. Next day the fever was 101, pulse 90, and there was an accumulation in the posterior cul-de-sac, hard and pointing. I packed the cervix, which was not dilated, as best I could, and next morning, under chloroform, with Drs. Van Horn and Hagen, found the uterus tightly bound down, undilated and

a condition suggesting fibroid. Passing the sound along the posterior wall we found it nearly normal in depth and the fundus all right. Passing along the anterior wall there was nothing to stop the sound, so introducing a small sincere curette along the anterior wall, there was a discharge of possibly a quart of the most offensive material, with a distinctly fecal odor. After washing the vagina, we found the accumulation in the cul-de-sac gone, and carefully examining found a puncture in the cul-de-sac which extended through the rectum. We opened the cul-de-sac and packed with gauze, a part of which was taken out every twelve hours, the last in four days. I flushed the vagina with full strength dioxygen every day and kept the parts as clean as possible. The discharge from the gauze was remarkable for the amount, and as soon as the gauze was removed the temperature dropped to normal, and the patient made an uneventful recovery. I did not give her any medicine.

The other case, a young girl, twenty, had a very profuse hemorrhage about 11 o'clock at night. I was sent for hurriedly and when I arrived I found the girl sitting over the toilet and the blood gushing at a fearful rate. We put her to bed and instructed her to remain absolutely still. The room was full of neighbors and her immediate family, and an examination was impossible. I gave her one-half teaspoonful of ergot, and repeated it in twenty minutes. This produced violent uterine contractions and stopped the blood to a degree. In two hours the flow had checked, and as it was impossible to get at the trouble I went home. The next day there was a passive hemorrhage, and under no pretext could I get to examine her without ruining her good name. As there was nothing alarming I waited. The case went on. The discharge of blood became less and there was no increase in temperature. In two weeks time she was able to be up, and so stating the facts to the girl, telling her what the matter was, told her to come to my office alone, which she did. I found the os fairly well dilated, and taking a blunt curette removed the entire placenta, which was completely detached. The discharge ceased in the course of time and there was no trouble. There never was a time while treating this case that I could have examined or removed the placenta without having to explain the case to her mother and sisters, for under no pretext would they get out of the room while I was there.

And now in conclusion, clean out the uterus as soon as you possibly can, do not wait for sepsis or absorption, treat conditions



as they arise, and if you have a case of septic peritonitis be sure that the uterus is clean, and then treat your case.

#### DISCUSSION.

Dr. Dodge—I make it a routine practice to examine the entire area about the cervix in every case of criminal abortion for punctures.

Dr. Mattox—I have always thought it better to use the placenta forceps to clean out the uterus, than to use the curette. To me it is more satisfactory. Am always careful to clean out all debris.

Dr. Green—Many women use the syringe to produce abortion. I had a case to-day in which the syringe was used to inject water into the uterus. The patient had a chill followed by a fever. She admits having attempted to commit abortion. The os is not dilated and the cervix is hard. We attempted to bring on contractions. If the os is rigid, not dilatable, and we have contractions, we would dilate the os and empty the uterus with the curette.

Dr. Todd—It is a question with me whether it is always best to use chloroform and empty the uterus. It was formerly my habit to do so, but I do not do so now. I think it is perhaps better to wait and not be in a hurry to curette.

Dr. Payne—We do not advise curettement at once, but use the fingers or the augur curette to assist nature. When we have pains with no dilatation we would pack the os. The packing will act as a syphon and induce contractions, and thus assist nature to empty the uterus.

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#### CHLOROFORM IN OBSTETRICS.

By E. A. Ballmer, M. D., Columbus Grove, O.

The practice of obstetrics occupies a distinct field in the physician's domain, and the doctor who is considerate of the welfare and comfort of the lying-in woman, and skillfully, safely and with least suffering carries her through this painful and anxious ordeal opens wide the door to success in his chosen profession.

It is a well known fact that among the laity the idea is quite prevalent that nature should not be meddled with, and no matter how much the prospective mother suffers, she is only reaping her share of the curse pronounced upon her because Eve ate the forbidden fruit; and I dare say this idea is not confined to the laity only, but that many physicians hold to the same opinion, though, I am glad that in the last decade, even the last five years, their numbers have been rapidly diminishing.

In certain heathen lands we find the obstetrician or an assistant standing upon the woman's abdomen that with his weight he may aid in the expulsion of the child. In yet others we find her drawn through between two bars placed so close together that when the murderous process is completed the child is also born—all this to facilitate labor and shorten the period of suffering. But among civilized and enlightened people in this 20th century we believe Dame Nature gladly welcomes, not a meddling, but a kindly helping hand, when in sore distress, and the greatest boon to womankind to lighten the burden and lessen the suffering of the accouchment is chloroform, when properly used.

Since the subject of this paper is "Chloroform in Obstetrics" I shall not enter upon a discussion of the relative merits of chloroform and ether, only to say that when it is desired to induce analgesia after the beginning of labor, there are two factors contributing to the safety of chloroform. They are: First, the stimulating effect of labor pains upon cardiac innervation; second, the "physiological anesthesia" attendant upon cerebral congestion induced by the bearing-down efforts. The first factor helps to prevent chloroform syncope, and the second to diminish the amount of chloroform required.

Indications—The first and most common indication is unusual severity of pains; where labor is long and the pains abnormally severe its use appeals to us, and is justifiable on the ground of humanity. It also very materially diminishes the shock attendant upon severe and prolonged suffering. Chloroform often aids in the progress of labor, especially with those nervous and sensitive women who are badly affected by the pains, the same being irregular and inefficient. Here, just a little chloroform generally removes the nervousness and induces good, regular and strong contractions. It aids in the progress of labor also in those cases of slow dilatation.

In the winter of 1904 and '05 I was called to attend Mrs. C., 31 years old, in her fifth confinement. This was in a new neighborhood, quite a distance from home, and I was called because all her previous confinements had been very tedious and exceedingly severe, and had always required three or four weeks to get her out of bed, following which she had poor health for two to four months. I arrived about midnight and found her in quite hard labor, though the pains were irregular. The membranes had ruptured about ten hours before. Upon examination I found the os dilated about to the size of a half dollar. After waiting an hour and finding no further dilatation, I gave her gelsemium and lobelia, in heavy

doses, etc., and used hot douches without any effect. They objected to the use of chloroform, and about 4 or 5 o'clock the pains subsided.

I remained until 8 o'clock, when I returned to my office, with instructions to call me as soon as pains returned, which they did about noon. Upon my arrival I found the pains just as they had been during the night and with no further dilatation of the os.

I said to them, "I shall now give her chloroform," at the same time reminding them of the fact that I had been called because of their confidence in me, and that I was master of the situation and knew full well what I was doing. After a brief consultation among themselves they consented. In ten minutes from the time I commenced the administration of chloroform dilatation commenced and in three-quarters of an hour the child was dressed and everything over with. She made an uneventful recovery, and her health good thereafter.

I have attended her once since, this being an occipito-posterior position. At the proper time, it being indicated, I delivered with forceps, and in two hours all was done. Her recovery at this time was as uneventful as following the previous confinement.

In those cases where the uterus fails to relax between pains chloroform is very useful, as also in those cases in which we have very painful contractions but very little power.

In the second stage chloroform will very often serve to induce nervous and timid women to assist in the progress of labor by voluntary efforts.

While the head is passing the vaginal point anesthesia, even to the surgical point, is very often of the greatest value in preventing a perineal laceration.

Generally we think of giving chloroform only in the second stage, though I have often given it in the first. As to the degree of anesthesia, each case is a law unto itself. Some require but a few drops during the pain, while others require very much more to obtain the best results.

Never give more than is necessary to obtain the results sought.

The contraindications to the use of chloroform in labor are the same as in general surgery, with this important exception, that the excitement, suffering and muscular exertion which accompany labor without anesthesia may be in certain morbid cardiac conditions more dangerous than the anesthetic itself.

Just a few words as to the disadvantages. It is claimed by some that chloroform will diminish or even suspend uterine con-

tractions. In my practice I have had two cases where the contractions were suspended for a time, but returned later and with increased relaxation and dilatation all lost time and more had been regained.

As to unpleasant after effects I believe I have not met with any.

I have had one case of post partum hemorrhage following chloroform and instrumental delivery and two without, so my weight of evidence is on the other side.

It is claimed by some that prolonged administration of chloroform may cause the death of the child. It has not done so in my hands, and in one case I gave chloroform for seven hours and recovery was uneventful.

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### **SOME REMEDIES EMPLOYED IN TREATING DISEASES OF WOMEN.**

**By Thomas Bowles, M. D., Harrison, O.**

In treating those diseases which are peculiar to women, we should prescribe our remedies in accord with a teaching of Dr. Scudder's, found in the Introduction of his work on "Diseases of Women." He taught "that a right treatment of acute diseases of the reproductive organs of woman must be based upon right general principles, and that it should be such a treatment as would cure a similar disease of any other part, plus the remedy or remedies that exert a specific influence upon these tissues," and that "a right treatment of the chronic diseases of women should be such a treatment as would cure a similar disease of any other part, plus the remedies that specially influence these tissues or this function."

Having once fixed this teaching in our minds, we have it for all time, and will make it the general rule upon which we prescribe our remedies for the cure of woman's diseases.

According to this teaching, it will be necessary to make a perfect diagnosis, and to note carefully the symptoms or expressions of disease as they present themselves. We are then ready to administer the indicated remedy, plus the remedy which specifically influences the deranged structure or function. Having made a satisfactory diagnosis and noted the most prominent indication for specific treatment, we will next need a complete knowledge of the therapeutic influences which the drug possesses that we are to employ for the relief of the pathological condition we are attempting to cure. This will lead us to a study of those remedies known to specifically influence the genito-urinary organs of woman; and possibly the most

important one—and the one most frequently employed—is Specific Macrotys.

*Specific Macrotys*.—This is a remedy of great value in treating diseases affecting the functions of the uterus and ovaries. The influence of this drug on these organs is toward a normal functional activity, restoring lost tone, relieving uterine pain, establishing a normal menstrual flow when tardy, and in small doses will regulate the intermenstrual periods when they appear too frequently. It affords some relief in dysmennorrhea when it is of neuralgic character; relieves many pains incident to frequency, and brings about proper involution of the uterus following child-birth. It is indicated by muscular pains in the back, loins and thighs; sense of soreness, with dragging pains in the uterus, ovarian pains, deep-seated muscular pains, dull, tensive, intermittent pain, as if dependent upon a contracted state of muscular fibre, and slow, irregular, or scanty menstruation.

*Pulsatilla*.—*Pulsatilla* is the most useful remedy in relieving despondency, fear of impending danger and mental gloom. It is a tonic to the reproductive organs, and is useful in restoring the mucous surfaces of the genitalia to a normal condition, when they are found to be unduly relaxed and leucorrhœa is abundant. It may be used here as a local wash, as well as taken internally. It is probably the best remedy we have to influence the ovaries, relieving quickly those conditions which act in a reflex way upon the mind, causing mental forebodings of impending danger. We would administer it to relieve the headache of the menstrual period and of the menopause. Its effect is just the opposite to that of gelsemium, and it should never be combined with it. Anaemia, rather than determination of blood to the brain; menstrual and ovarian wrongs, associated with the mental condition of fear of impending danger and despondency, will usually indicate the use of the drug so plainly that one can hardly make an error in its administration.

*Viburnum Prunifolium* is the remedy to be thought of when there are expulsive uterine pains and muscular cramps—dysmennorrhea, due to unnatural contraction of the pelvic muscles.

*Gossypium* will relieve tardy menstruation, especially where there is the sensation that the flow is about to start, and yet does not do so.

*Polygonum* is a powerful stimulant emmenagogue—useful in restoring suppressed menstruation from cold or emotional causes; is useful in treating epilepsy, accompanied with menstrual suppression.

*Hamamelis* is a remedy that should be thought of possibly more

often than it is. The use of this medicine will contract undue relaxation of the perineal structures. The patient complains of a sensation of prolapse of the pelvic organs, with probably hemorrhoids.

*Caulophyllum* has for its special indication chronic uterine disease, producing irritation, spasmodic pains, false pains and hysteria. It is useful preparatory to confinement, when the patient is constantly annoyed with neuralgic pains shooting through the pelvis.

*Ergot* is the king of all remedies to check hemorrhage due to subinvolution. Oil of *erigeron* and oil of cinnamon, *aa.* ten drops every three or four hours, has proven with me to be a most valuable cure for metrorrhagia when accompanying retroversion. It should be administered three times a day during the intermenstrual period, until a normal flow is again established.

*Nux* will often be indicated by the characteristic symptom of atony and lack of spinal innervation; also, colicky pains shooting up from the uterus towards the umbilicus.

*Dioscorea* will oftentimes be found to act well with *nux* or *macrotys*, when there is tenderness on pressure anywhere in the abdominal or pelvic regions. Chloral hydrate in minute doses will relieve more cases of morning sickness, and the distressing nausea of early pregnancy, than any other one remedy, when it is a purely reflex condition. If it is due to indigestion, accumulations of bile or a torpid bowel, it is not the remedy. *Nux*, *colocynth*, or the small dose of *podyphyllin*, may act better.

In treating our cases, we should never lose sight of the fact that our treatment should always tend to bring our patient up to a normal standard of health. So it may be necessary to look after errors of digestion, circulation and innervation. This will require the use of other remedies than those mentioned, as well as proper hygienic measures for the restoration of health. There is no longer any doubt but what the pelvic organs of woman are as easily influenced by special remedies selected to act upon them as are the other organs of the human body, such as the heart, lungs, or digestive organs. So it will be necessary for us to study well the therapeutics of remedies believed to influence the organs peculiar to women, that we may become successful practitioners along that line.

## **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

### **ADENOIDS.**

Normally the pharyngeal or Luschka's tonsil gives no inconvenience, and from the age of three years to fifteen is a normal gland. If hypertrophy of this tissue occurs, however, there is impeded nasal respiration, and the child suffers, not only physically, but mentally, from the abnormal condition. When recognized early—that is, before the bony structure of the nose becomes firmly united—operative measures will allow of full development of both nasal and palatal structures; but after the age of eight years, only partial relief, so far as development is concerned, will result. In a neglected case the superior maxillary arch is usually more highly arched than normal, the upper teeth deformed, and the alae nasi ill-developed.

There may be an “inherited tendency” to adenoids through the “family nose”, the nasal cavities and the anterior nares being narrow. This anatomical condition seems to favor hypertrophy of the pharyngeal tonsil. The mucous follicles become filled with secretion, and aid in the general discomfort of the patient.

In exceptional cases the morbid condition may appear earlier than the age of three years, or as late as twelve years of age; but usually it becomes pronounced between these periods. Physiological atrophy should occur between the ages of ten and sixteen, but often **does not, and** cases operated even after thirty-five are not infrequent. As factors in developing “adenoids,” may be mentioned hereditary taints, general debility, climatic changes, irritating vapors, smoke, and the vitiated atmosphere of crowded tenements and schools.

Adenoids are usually classified as four types: (1) Soft, there being a smooth, semi-fluctuating mass covering nearly the entire nasopharynx. The tissue is mostly lymphoid, protected by a thin epithelial layer. The basement membrane and submucosa are not well developed. This form is easily broken down with the finger.

(2) Edematous or cyanotic type is practically due to venous stasis and edema. There is not much increase of gland structure. The condition is associated with intestinal irritation or circulating disturbance. In children having intestinal parasites, this form is most frequent. The mass is smooth, tense, but compressible. If an early recognition of the exciting cause is made, the proper treatment for the correction of the intestinal or circulating wrong will usually result in a cure.

(3) **Hyperplastic** or hard form consists of an increased amount of connective tissue elements, besides an increase of lymphoid ma-

terial. The mucous covering consists of several layers of epithelial cells. The surface of the tissue is lobulated, but smooth to touch.

(4) As a result of inflammatory conditions, another hard form is found. This is the result of the action on the lymphoid and connective tissue structures. Slight contraction usually results. This type is often secondary to inflammatory action in the nose or nasopharynx, or may follow the use of the cautery.

Symptoms.—The symptoms do not vary much from those found in any nasal obstruction, excepting they are usually more pronounced, and permanent changes in adjacent structures are more frequent. The face is usually expressionless and dull; the upper lip prominent, chin receding, bridge of the nose broadened and flattened, and the mouth usually open. Concentration of the mind for any considerable period is generally impossible. The hearing is often impaired, or even a suppurative middle ear disease may result. Active exercise is avoided. There is disturbed sleep, an irritable disposition, and eventually a debilitated condition of the entire physical and nervous systems.

Diagnosis.—Seldom difficult, as the face is usually a very sure sign. A digital examination is, however, the only sure method in the majority of cases.

Treatment.—In the majority of cases it is operative, and an early operation should be insisted upon, especially in children. Palliative measures are useless after the growths have reached such a size as to obstruct nasal respiration. The work should be done as thoroughly as possible at the time of operating; and there is probably no surgical procedure that gives as satisfactory results as that for adenoids.

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### NASAL AND INTRA-NASAL PRIMARY SYPHILIS.

Statistics collated by many observers show that of all forms of extra-genital chancres, cephalic chancres are found in the greatest proportion of cases. Taking the accumulated statistics of Fournier and others into account, it is found that in 1,124 of all forms of extra-genital chancres, infecting lesions of the cephalic regions were found 849 times. These head chancres include those of the lips, eyes, ears, face and scalp, and of the buccal cavity. A subdivision of these various chancres is not essential; but it is pertinent to the present study to determine the relative frequency of nasal and intra-nasal chancres. This question has been studied by Garel (1900) and Rolleston (1906), who, in going carefully over the literature, could only find details of 60 cases. It thus appears that nasal chan-



eres constitute a proportion of about one-fifteenth of all cephalic chancres. Nasal primary syphilis is therefore a very rare affection, and is worthy of careful study by reason of its rarity, of the difficulties in its diagnosis, and of the peculiar characteristics of its lesions.

The main symptoms of these cases are, first, those of nasal involvement by the local lesions, the tendency to erysipeloid and erythematous complications, and the distress of the parts and perhaps the hindrance to breathing. In Freudenthal's and Campbell's cases, the symptoms were those of influenza.

Very promptly in all cases, however, the syphilitic crisis supervenes, and the case is rapidly cleared up. The severity of the headache, the onset of the lancinating neuralgias, both chiefly nocturnal; the malaise and perhaps slight fever, if borne in mind will give a strong clue in diagnosis.

As regards etiology, Fournier says that the origin of nasal chancre is often impenetrable and mysterious. Evidence, however, is forthcoming that direct infection occurs in many cases. In the first case reported above, the bite of a syphilitic woman was probably the cause, though the man also had buccal contact with the woman's genitals. In Spencer Watson's case, suction by a syphilitic nursing infected its nurse. In Guignard's case, a bite was the cause. In one of Fournier's cases, it is probable that while cauterizing the throat of a man with mucous patches, by his expectoration the surgeon became infected on the nose. It is very probable that most cases of primary nasal syphilis are caused by means of the fingertips soiled with syphilitic material carried to the affected organ. Jullien's case is very interesting. A carman, suffering from several raw bruises on the nose, spent the night with a *puella publica*, abstained from coitus, but indulged in promiscuous genital handlings and fondlings. He was rewarded by three chancres, one on the penis and two on the nose.

D'Aulnay's case is interesting as showing how depraved habits may lead to nasal infection. A 27-year-old artist met in a public park a lady who acted as a model. He had daily sexual relations with her without affecting his penis; but when he indulged in buccogenital coitus, he became infected with a chancre of the septum nasi.

Infection may probably be caused by means of inanimate objects. In Higguet's case, a snuff-box was the alleged cause; while in Collinet's case a pencil was supposed to be the means of mediate infection.

In many cases picking of the nose by persons having syphilitically soiled fingers is the origin of the nasal infection,

As predisposing causes, we may mention all forms of lesions of the nasal mucous membrane, such as common colds, rhinitis, erythema, eczema, herpes, impetigo, acne and mild traumatisms. In one of Taylor's cases, the man ascribed his trouble to pulling out the hairs.

The site of the lesions are the lobe of the nose, the ala nasi (internal and external surface), lower and anterior part of the septum, and anterior extremity of the inferior turbinated bones. As a rule, the parts can be readily inspected. Cases are very rare in which infection of the septum high up has been found. Gemy reports a case in which the lesion was seated at the junction of the cartilaginous and bony parts of the septum.

In general, most nasal lesions are chancrous erosions, but they may become hyperplastic papillomatous and fungating, and encrusted.

With but one exception the lesion in nasal chancre is unique. In Mendel's case, a symmetrical chancre was found on each aspect of the septum.

As a rule, the lesions are readily seen with the aid of the speculum and light. In many cases, the lesion itself causes little trouble, but distress may result from swelling of the parts by much hyperplasia and by encrustation. In Marfan's case, the lesion of the septum was the size of a nut; and in Fournier's work is pictured an hyperplastic chancre which fills the nasal orifice.

The ganglia involved are mostly the submaxillary and the sublingual; but the preauricular and parotidean are not uncommonly swollen. In Garel's case, the swelling of the parotid was so large that it was mistaken for mumps. Fournier says that in some of his cases the ganglia situated under the sternomastoid muscle were affected. As a rule, the satellite adenopathies are tolerably large, such as are found in most cephalic chancres. Exceptionally, the ganglion may attain a colossal size; in Cimmino's case, it was as large as an egg and of a stony hardness. In Rueda's case, suppuration of the submaxillary glands occurred, but this complication is very rare.

Tenderness of the parts in nasal adenopathies is not at all uncommon, but is rarely distressing.

Nasal chancre may, by extension of its hyperemia, involve the nasal duct and produce lacrymation, as shown in Campbell's and Gaucher's cases. In Nettleship's case, a lacrymal abscess was produced.

The erythematous and erysipeloid complications of nasal chancres, which may be mild and ephemeral or of varying severity, are

in all probability due to synchronous infections from staphylococci or streptococci. They rarely cause serious mischief.

The diagnosis may at first be obscure, but the insidious local sore, at first aphlegmasic, and the increasing enlargement of the correlated ganglia, will generally give warning of what is coming. Then in these cases the evolution of the secondary stage is so prompt (sometimes precocious) that all doubts are promptly dispelled. Though a mistake has been made in some cases in which the lesions were looked upon as epitheliomatous or sarcomatous, these diagnoses will be abandoned when the general disease asserts itself.—*The Postgraduate*.

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### Periscope.

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**HYGROSCOPIC SUBSTANCES AS DUST PREVENTERS.**—Dust which is the cause of so many diseases is a nuisance every one has to continually fight, and as a rule with not very great success. A French scientist has recently suggested a method by which the dust that settles on floors may be prevented from rising. He recommends that floors should be wetted with a solution of chloride of magnesium, a very hygroscopic salt, which will cause the floor to remain damp for some time; the dust is thereby moistened and can be swept up without rising in the air as usual. Two applications of a solution of chloride of magnesium at an interval of some days will render a floor capable of fixing the dust for six months. Floors treated in this way are said to preserve for a long time a remarkably clean appearance. The general adoption of this simple procedure would doubtless prevent many an infection from occurring.

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**PRESIDENT ROOSEVELT AND BRUTAL FOOTBALL.**—An item that has recently been going the rounds of the lay papers says in effect that President Roosevelt is making strenuous efforts to persuade the captains of a number of the great eastern football teams to do away with the brutality that exists in the game as it is now played. That the President is to be greatly commended in his efforts goes without saying, for each year brings its number of serious accidents and fatalities. We understand that in the future any member of the football teams representing either West Point or Annapolis who is found guilty of brutality during a game will be dismissed from the service. Such a plan would help greatly if adopted by our universities. Although the conditions differ greatly, if the university players were made to understand that brutality meant dismissal and disgrace, we would not hear of the serious accidents that at present occur. We can only hope that success will crown the President's efforts.

# ECLECTIC MEDICAL JOURNAL.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.

Official Journal

Ohio State Eclectic Medical Association.

JOHN K. SCUDDER, M. D., MANAGING EDITOR.

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Articles on any medical subject are solicited, which will usually be published the month following their receipt. One hundred reprints of articles of four or more pages, or one dozen copies of the Journal, will be forwarded free if the request is made when the article is submitted. The editor disclaims any responsibility for the views of contributors.

Discontinuances and Renewals.—The publishers must be notified by mail and all arrearages paid when you want your Journal stopped. If you want it stopped at the expiration of any fixed period, kindly notify us in advance.

## A NEW COLLEGE BUILDING.

The graduates of the College will be glad to learn that the Trustees have purchased a lot on Sixth street, adjoining the Seton Hospital on the west, on which they contemplate erecting a modern medical college building as soon as the plans can be perfected. The new building will be devoted entirely to laboratory and lecture work, as the new Seton Hospital adjoining is now conducting a modern daily clinic, open to our students.

We have taken quite a number of our friends who visit Cincinnati through the three remodeled buildings of the Seton Hospital, and every one remarked on their size and adaptability to the work of a modern medical and surgical hospital. Do not fail to inspect the new hospital the next time you are in the city. Send in all the cases you can to the daily morning clinic, and other cases for the wards or private rooms. The present capacity is sixty beds.

## THERAPEUTICS OF BRYONIA.

Bryonia, practically unused in the dominant school, and much employed by Homeopaths, is regarded by Eclectic physicians as an indispensable agent. It is a remedy for debility and the long train of miseries accompanying it, and is of first importance as a remedy

for pain and inflammation in serous membranes. The bryonia patient is weak, and perspires readily upon the slightest movement. The stereotyped assertion, "aggravated by motion," and learned by us from the Homeopaths, is a true dictum when applied to bryonia cases. Though not necessarily dull, the patient is lethargic in the sense that he does not wish to move lest he aggravate his condition.

Bryonia is of especial value in fevers, and is decidedly a remedy for the typhoid state. Many cases of severe typhoid fever may be carried through with no other medication than bryonia in very small doses. In fact, it is a medicine that gives the best results from minute doses. In fevers the patient is decidedly apathetic, the secretions are scant and vitiated, the nervous system markedly depressed, and the tendency is toward sepsis and delirium. The victim cares little whether he recovers or dies. There is a dry tongue, sordes, a deepened hue of the tissues, capillary circulation is sluggish, and there may be frontal headache. Chilliness is not uncommon, and there is a tendency to sweat easily. In such cases it proves a mainstay in the prolonged fevers, and never does the patient harm.

In diseases of the respiratory tract and pleura, bryonia heads the list of useful remedies. The well-known indications given by the founder of specific medication hold good, to-wit: "A hard, vibratile pulse, flushed right cheek, frontal pain extending to the basilar region, and irritative cough." It is the most decidedly efficient remedy we possess for acute pleurisy, being usually given with, or in alternation with, the indicated special sedative—aconite (quick, small pulse), or veratrum (full, bounding pulse). It promptly meets the sharp, lance-like pain, or the cutting or tearing pain, all made worse upon movement. Not only does it subdue pain, but the temperature is lowered and capillary obstruction is overcome, thus freeing the disordered circulation. After the acute symptoms have subsided, it may be continued alone for a long period, to prevent, or to absorb, effusion. In these cases the apathy observed in the febrile diseases is absent, the pain and circulatory excitation throwing the patient into a condition of nervous excitement, which is quite readily controlled by bryonia. While of great value in all forms of pleurisy, it is particularly valuable in that form that comes on insidiously. In pleuro-pneumonia, it should be given to promote absorption of exuded serum. In la grippe, it is one of the best of remedies, both for the cough and the debility. We use it confidently in pneumonia to control pain, when present; but above all, to allay the harsh, harassing cough. Bryonia is an excellent agent for cough brought on by use of the voice, or by motion of any kind, as walking, swallowing

food, entering a warm room, and for that form of cough induced by tickling sensations in the throat, or when excited by vomiting. The cough which bryonia relieves is laryngotracheal; it is most frequently dry, hacking, rasping or explosive, showing its origin in irritation or *erethism*. Tensive or sharp pains are almost always present, and the secretion, if there is any, is small in quantity and of whitish or brown, frothy mucous, sometimes streaked or clotted with blood.

Bryonia is an invaluable agent in the treatment of peritonitis. In peritonitis, from septic causes, as in puerperal peritonitis, it will only aid; a surgical or cleansing process will prepare the way for its use. The pain indicating it is colic-like, attended with marked tensive tenderness. Similar conditions indicate its employment in cholera infantum and typhomalarial fever. Recent reports confirm its earlier reputation as a remedy of first value in cerebro-spinal meningitis.

Disorders of the liver frequently call for the small doses of bryonia. It is especially serviceable when there is jaundice, and soreness upon pressure. There may or may not be an accompanying headache. A peculiarity of the tongue that we have seen bryonia clear up in these cases, is a semi-transparent coating of the organ, appearing like a wash of buttermilk. When the liver capsule is involved, with sticking or cutting pain, bryonia will materially help to bring about a healthy condition. Bryonia is a strong aid in the medicinal treatment of appendicitis.

For mammitis, aconite, bryonia and phytolacca are our three best remedies. The first two are to be employed when the inflammation is marked, and the glands are swollen and tender and feel knotted. Phytolacca is always indicated in this trouble.

Bryonia is a remedy of much value in the treatment of acute rheumatism, being best adapted to those cases where the joints are stiff and swollen. As a remedy for headache, bryonia has long enjoyed a well-earned reputation. Frontal pain on the right side chiefly, and sometimes rheumatoid; again, it may be from a disordered stomach, or a hemicrania, with sharp, tearing pains and a tender scalp. Occasionally it relieves facial neuralgia, but ordinarily it can not be relied on in that complaint. All bryonia headaches are made worse by motion. Finally, but in larger doses than are required for the preceding uses, bryonia (up to drop doses) is one of the best agents to overcome infantile and other forms of constipation, where the stools are dry and scybalous. The best bryonia preparation is specific bryonia. Of it from 1 to 10 drops may be added to a half-glass of water, and of this mixture a teaspoonful may be given every one to two hours.

FELTER.

**NASAL AND NASO-PHARYNGEAL DISEASES AND THEIR RELATION TO THE GENERAL SYSTEM.**

At a recent meeting of the American Laryngological Society, there were several papers presented upon this subject. The papers, with the discussion attending their reading, were very instructive. It is not always an easy matter to judge which is the foundation-trouble; or, in other words, which is the basal lesion and which is reflex. Specialists would naturally be inclined to give their attention at first to the lesion in their line, whilst one who had much experience as a general practitioner would be apt to lay more stress upon the general symptoms.

This relationship is acknowledged more and more every day, and considerable more attention is being paid to reflex symptoms than formerly. The discussion referred to served to call our attention afresh to this class of cases, and caused a fresh study of them. As we have said before, it is not always an easy matter to say whether the local condition produces all the constitutional symptoms presented in a given case. Every one of us has seen cases of nasal stenosis from various causes in patients presenting a dull, heavy appearance, a sallow complexion, eyes dull, large circles around them; poor appetite and digestion poor, bad sleepers and mouth-breathers. This is no uncommon picture, and yet we have seen those with a bad stenosis who presented but few of these symptoms, save only the mouth-breathing. Why the difference? We can readily recall a case of hypertrophic rhinitis in a pale, thin girl, whose face was expressionless, mouth-breathing, teeth decayed early, bad sleeper, poor appetite, capricious, and digestion poor as well. Treatment of the rhinitis was sufficient for a complete cure of all the symptoms.

Drs. Bosworth and McKenzie claim that they have cured many cases of asthma by treatment directed to the nasal passages. McKenzie claims that nasal polypi are a frequent cause of asthma. We have just recently cured a case of asthma by the removal of polypi and the treatment of a hypertrophic rhinitis. These symptoms frequently accompany a case of deviated septum, and one frequently witnesses anemia associated with a bad case of stenosis from any cause. Children with enlarged tonsils frequently present this same condition, and which condition was formerly termed scrofulous, or the scrofulous diathesis. It requires no great stress of memory for us all to recall cases in which the removal of the tonsils has changed a poorly-nourished, pale, sallow, waxen-skinned child, with enlarged cervical glands, coated tongue and bad breath, into a fat, rosy-cheeked child, with good appetite and a good sleeper.

Adenoid growths and catarrhal affections of the upper air passages often produce severe and troublesome effects, and which are only relieved by a removal of the pharyngeal affections. Unfortunately, however, a removal of the adenoids and the enlarged tonsils is frequently followed by their return. Several such cases have come to my notice, and in the case of the tonsils, after their return, they were larger and harder of removal than in the first place. Tubercular laryngitis is frequently preceded by the local condition, or the local condition exists long before the constitutional symptoms show themselves.

These rambling notes are rehearsed for the purpose of showing the necessity of a careful examination of the cases presenting themselves to us. How much of the general symptoms are caused by a local condition? Whilst not always easy to answer, local conditions should be removed in each case—they may be the basal lesion.

MUNDY.

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### INCURABLE CASES.

It often happens that incurable cases come into the hands of the physician for treatment; and as we can not refuse to care for them, we can only strive in every way to comfort the patient and smooth the pathway to the grave. We may have much trouble with such cases, and it is not unusual for some meddler to suggest that another physician might excel the present attendant. Even some so-called medical men have been known to insinuate themselves into such cases for the sake of a few dollars. It is from these incurables that quacks obtain large fees, and upon these hopeless invalids they flourish briskly by holding out golden promises of speedy relief. Sufferers from necessarily fatal maladies many times feel that there must be a cure somewhere and somehow, and "that hope which dwells eternal" renders them eager and willing victims of the cunning advertiser. Few Physicians, however eminent or competent, escape the humiliation of having a patient abandon them occasionally for an advertised remedy or a quack. Even when we advise against the flattering promises and seductive allurements of these seductive characters, our warnings are often misconstrued as from self-interest and our advice ignored. When the patient expresses a desire to consult another reputable physician, we should never object, but rather rejoice to be relieved of a great responsibility. We will, generally, find it best to deal honestly with these cases. We have sometimes lost a patient by frankly stating that a cure was doubtful. But



eventually our words have proven true, and the lasting confidence of the family has been ours. We never encourage a patient with a fatal malady to desert his physician; but rather insist upon his remaining under the care of his regular attendant. Perhaps the most pathetic cases are those of pulmonary tuberculosis. The patient is so hopeful to the last, and is always better, or going to be better to-morrow. It is well that these sufferers have given them a peculiar state of mind, which renders them unaware of their real condition, and masks the near and impending danger. WATKINS.

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### LABORATORY DIAGNOSIS.

Scientific investigation of morbid conditions with the microscope and by chemical analyses is of great value in many cases. A laboratory diagnosis is frequently absolutely essential, still not always necessary. Many times the physician can intuitively diagnose a case and apply the remedy before the scientific diagnostician can complete his investigation. It can not be denied that some medical men possess a faculty of arriving at the root of a trouble without other aid than that of the five senses. The older physicians had a way of reaching conclusions by symptomatic indications to which the newer and more scientific men are strangers. Of course, all this does not militate against the value of laboratory diagnosis, which is of great assistance, especially in obscure cases. In many acute attacks, however, the observing and skilled physician will have his treatment well under way before the laboratory man is ready to begin. A diagnosis is necessary in all cases, but only as a basis for treatment. The object of medication is to cure disease, or to relieve and palliate suffering where a cure is not possible; therefore, pathology, etiology, bacteriology and the laboratory are useful only as a means to an end. So far as the physician is concerned, he cares little for refinement in these branches, if they do not aid in treatment. In some instances too much attention is given to the science, while the true object of medicine is overlooked; the scientific physician loses interest in his patient after solving the pathology and reaching a diagnosis. We who are engaged in the practice of specific medication would roam in barren fields, indeed, if we had only the standard medical works of the old school to guide us. It is very distressing to face a dangerous condition with no suggestion as to its cure. A tendency to leave a disease alone after solving its scientific aspects is characteristic of modern regular practice. But we have something more to offer, and our investigations do not cease when we have de-

terminated the pathology and diagnosis. Our materia medica affords a direct and certain method of medication, and provides time-tried and unfailing agents for the successful treatment of disease.

WATKINS.

### TELA ARANEA.

Dr. Webster has done the profession a service by his timely article on this remedy in the October E. M. Journal—a service that I ought to have rendered long ago, but have been prevented by adverse circumstances. To put the matter briefly: A few years ago my health was very much below par, and the chief disease expression was this surface and general coldness. As I walked on the street I saw men in their shirt sleeves, seeming very comfortable. I was warmly dressed, and had on an overcoat; but was uncomfortably cold. I had always worn light-weight underwear, but had to change to warmer, without much advantage. In bed the clothes were piled on till the weight was oppressive; but it was the only way I could be comfortable. The old adage says, "The man who is his own doctor has a fool for a patient." I have been my own doctor and family doctor with success. But in this case I failed. I consulted Dr. Webster, and he said, "Tela Aranea is your remedy." I at once began its use, ten to fifteen drops of Spec. Tela Ar. in four ounces of water, teaspoonful every three hours. The improvement was remarkable and quick, and it has been permanent.

Now for the cause of my trouble: The previous winter had been very wet, and my duties were strenuous in my home town, in addition to which I had patients in the adjoining towns. To get there I had to cross a marsh, where for some years scavengers had dumped city refuse. The excessive rain seemed to cause a bad stench from this rotting mass, which the breezes from the Pacific Ocean were powerless to neutralize while the rain lasted; and it was this exposure, day after day, which I believe was the cause of my trouble.

Now, for the *modus operandi* of its action, let me say: The poison affects seriously the nervous system, acting, it seems to me, on the heart through the cardiac plexus; thus weakening the central circulatory organ, and giving rise to a poor peripheral and capillary circulation. Hence blood depravement; hence cold surface. Tela Aranea, by strengthening the heart, improves the condition of the nervous system. Dr. Webster has well pointed out the specific indications for the use of this remedy. Use Spec. Tela Aranea under those conditions, and you will succeed.

I FERN.

**BOOKS ON THE INSTALLMENT PLAN.**

Having had numerous inquiries for the purchase of several of our books on the monthly installment plan, we have decided to send any Eclectic book prepaid as per price list, with approved reference, as follows :

On an order of \$20.00 or more, \$5 00 down and \$3.00 per month. On orders less than \$20.00, \$3.00 down and \$2.00 per month. Books to remain our property until fully paid for. Our latest books are as follows :

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**Diseases of the Nose, Throat and Ear.** by Kent O. Foltz, M. D. Fully Illustrated. 12mo, 700 pages, cloth, \$3 50.

**The Eclectic Practice of Medicine**, by Rolla L. Thomas, M. D. Illustrated in colors and black. 8vo, 1033 pages, cloth, \$6.00; sheep, \$7 00.

**A Handy Reference Book to Specific Medication**, by J. S. Niederkorn, M. D. 16mo, pocket size, 151 pages, flexible leather, \$1.25.

**Materia Medica and Clinical Therapeutics**, by F. J. Petersen, M. D. 12mo, 400 pages, cloth, \$3 00.

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**THE JOURNAL.**

The Journal is closing a very successful year, with the index for the sixty-seventh volume in this issue.

An unusual amount of hard work has been put into it by our regular and special contributors, and our corps of editors, and we feel that our subscribers have appreciated the increase in the size and value of the Journal, which now totals 790 royal octavo pages.

The proceedings and papers of the Ohio Association have been well received.

Arrangements have been made to print all the Texas papers shortly.

Dr. Felter will contribute one biographical sketch of early Eclectics each month, which will continue serially in 1908 and 1909.

Beginning with the January issue the Journal will be printed in a different establishment, and we hope to materially improve its mechanical appearance.

We prefer to increase the size and value of the Journal rather than attempt to decrease its size or subscription price, and it will continue at Two dollars per annum ; \$2.25 to Canada, and \$2.50 foreign.

The great majority of our subscribers prefer that their Journal be not discontinued without a specific request to that effect.

Every one of our subscribers (some of whom have been upon our books forty years) probably has a medical friend to whom he might send the Journal for a year. To any one sending in a new subscription with his renewal we will send a copy of any one of Lloyd's novels as a premium.\*

Bound volumes of 1907 will be ready soon—green buckram cloth at fifty cents. The postage rate of Journals returned to us in exchange is 24 cents ; postage of bound volume in return, 27 cents.

For December and January only we will make the following club offers :

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American Medical Journal, St. Louis.....	\$1 00	\$ 80
California Medical Journal, San Francisco.....	1 50	1 20
Chicago Medical Times, Chicago.....	1 00	80
Eclectic Medical Gleaner, Cincinnati.....	1 25	1 00
Eclectic Medical Journal, Cincinnati.....	2 00	2 00
Eclectic Review, New York.....	1 00	80
Ellingwood's Therapist, Chicago.....	1 00	80
Los Angeles Journal of Eclectic Medicine.....	1 00	80
Medical Arena, Kansas City, Mo.....	1 00	80
Medical Harbinger, St. Louis.....	50	40
Modern Eclecticism, Atlanta.....	1 00	80
Therapeutics and Dietetics, Boston.....	1 00	80

You can subscribe to any or all of the above through this office, the only condition being that you include a paid in advance subscription to the Eclectic Medical Journal at \$2.00.

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\* Red Head, Eldorpha, Stringtown on the Pike, Warwick of the Knobs, or Scroggins.

# HEADACHE



That form of headache known as **Migraine** is conceded by most physicians to be due to **autotoxemia**, and may be treated in a rational and effective manner by the administration of a single dose of

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**Because** the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. Norton, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

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# THE ECLECTIC      EWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**Essentials of Medical Gynecology.** By A. F. Stephens, M. D., Professor of Medical Gynecology in the American Medical College, St. Louis. Fully Illustrated. 12mo, 428 pages, cloth, \$3.00. The Scudder, Brothers, Publishers, Cincinnati, O.

For many years our school has suffered from a hiatus in its literature on medical gynecology. Our old text-books, good in their age and day, were far behind the therapeutics of our modern works on materia medica, and the student and practitioner possessed nothing except them to turn to for reference better than old-school authority, which is notoriously deficient in the medical treatment of diseases of women. We have finally had the want supplied, and meritoriously supplied through the new work on the subject by Professor Stephens.

This book is now ready for delivery, and it ought to be in great demand. The practitioner of every school ought to possess it and keep it ready at hand for frequent consultation. It affords us information not to be found elsewhere in gynecological works, and is therefore indispensable, not only to Eclectic students and practitioners, but to physicians of every faith. It is unique in its field, and brings us up to the best of the age in which we live.

Medical students will find it a trusty adviser in their search for initiative knowledge, and young and old practitioners will be better equipped for emergencies and baffling cases in gynecology through the assistance to be derived from its pages. No matter how many works you possess on gynecology, your library is not well fitted out unless you have Stephens on the shelves.

The work is not voluminous, and this is greatly in its favor. The author has not endeavored to lengthen the subject in order to fill a large number of pages, but has evidently endeavored to get the meat out of the nut in the briefest time consistent with clearness and efficacy, though at the same time it is exhaustive and analytical.

It is well arranged, and enters thoroughly into all the particulars of diseases to which women are liable where therapeutic measures are applicable. Besides this, it furnishes an epitome, incidentally, of many of the diseases requiring surgical management, which will assist in diagnosing obscure cases, and throwing a broader light upon those amenable to remedial action.

The chapter devoted to a clinical repertory of remedies is alone worth the price of the book, for its perusal will be found to suggest the remedy for many of the ailments to which women are liable, and the ready reference thus afforded will save much needless research necessary without its assistance.

The book is profusely illustrated, and the cuts are such as will furnish useful object lessons to those seeking information on the various topics discussed. It not only does the author credit, but the publishers as well. If I were to offer any criticism, it would be that the printer has employed the capital letter X to denote decimal attenuations when the lower case would have been more appropriate, since it is almost universally employed for that purpose. However, this is a small matter, and does not deteriorate from the intrinsic value of the work.

H. T. WEBSTER.

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**Manual of Diseases of the Eye.** By Charles H. May, M. D. Fifth edition, revised. 362 Original Illustrations, with 22 plates and 63 colored figures. Wm. Wood & Co., New York. \$2.00 net.

The fact that this book has entered the 5th edition class in seven years is proof of the favor in which it is held. The present edition is also a revision, and the author has brought the book up-to-date.

A former edition was reviewed in these columns, and I simply repeat the kind words said then of this excellent work. The manual is concise, and gives all that is expected in a work of this kind

K. O. F.

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**Manual of Diseases of the Nose, Throat, and Ear.** By E. Baldwin Gleason, M. D. 12mo, 556 pages, profusely illustrated. W. B. Saunders Co., Philadelphia. Flexible leather, \$2.50 net.

This is an unusually well written work and gives enough of the anatomy to be a practical aid to the student or general practitioner. The most important of operative measures are clearly stated, and the necessity for operation in a given case so defined that the reader should have no hesitancy in deciding what is best to do.



## **"SPECIFIC MEDICATION AND SPECIFIC MEDICINES."**

About one third of a century ago, John M. Scudder, M. D., introduced the new practice of Specific Medication, in the broad sense in which the term is now universally used in the Eclectic school of medicine. (See *Specific Medication*, 1870, pp. 9 to 53.)

Preceding that time, the word "Specific" carried with it the thought of a *remedy*, infallibly capable of curing a disease, as for example, a *Specific for Consumption*, or a *Specific for Cancer*. A "Specific" in medicine was therefore a substance that exerted "a peculiar influence over any part of the body." *Webster*. Dr. Scudder referred to this feature as follows:

"Many persons are in error in regard to *our* use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminaria, phthisis, etc.; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say there are no specifics.

"We use the term *Specific*, with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain Specific Medicines."—*Sp. Med.*, pp. 10, 11, 1870.

Dr. Scudder thus restricted the word "*Specific*" to the direct effect produced by a definite medicine regarding symptoms that may accompany many disease conditions, and not to a remedy to be used, infallibly, in the treatment of a single disease name.

The term *Specific Medicines* was, at the same time, applied by Dr. Scudder to a line of pharmaceutical preparations, mostly of plants, that specifically represented the desirable qualities of those drugs. These definite medicines were necessary to the success of physicians who practiced Specific Medication. The Specific Medicines employed and established in this sense were not commended to cure diseases, but to serve, specifically, the medical profession desiring to use specific or definite preparations to meet specific symptoms. They were classed under the general name Specific Medicines, and each member was given its proper botanic or scientific appellation. Physicians have been continuously informed of these facts, with which most of them are familiar.

The Specific Medicines have now an enviable reputation, and are admirable representatives of the respective drugs, and were evolved according to our study of their individual characteristics or specific qualities.

We make no SPECIFICS *for the cure of diseases*, in the sense of the old definition of the term *Specific*, and we have no faith in any cure-all for disease names.

LLLOYD BROTHERS,

CINCINNATI, OHIO.

JANUARY, 1907

# LIBRADOL

## A REMEDY FOR PAIN.

To relieve pain without the use of opiates, anesthetics, or powerful internal drugs is an ideal of the professions. To discover a remedy capable of doing this by direct local application to the seat of the affliction has long been the hope of physicians and the object of pharmacists.

## Indications and Uses OF LIBRADOL

BY PROFESSOR H. W. FELTER, M. D.

Libradol is not a cure-all, but has two definite fields of action, viz.: the relief of disease conditions presenting

**I. PAIN AND INFLAMMATION, with or without exudation**, as in Pneumonia, Bronchitis, Croup, Pleurisy (with or without effusion), Ovaritis, Orchitis, Tonsillitis, Acute Pharyngitis, some forms of Rheumatism (inflammatory) and Boils.

**II. LOCALIZED PAIN, along nerve courses, in joints, and in the muscular structures**, as in some forms of Rheumatism (sub-acute, non-inflammatory, articular, etc.), Lumbago, Facial Neuralgia, Subscapular Neuralgia, Intercostal Neuralgia, and Pleurodynia.

**SPECIFIC INDICATIONS.**—Pain with or without swelling or inflammation; inflammation with serous or mucus exudation; sharp lancinating pain in chest, aggravated by respiratory or other movements; congestion and engorgement of parts; dyspnoea; soreness in pectoral region; dull aching pain; subcutaneous and thecal inflammations, pain of syphilitic nodes.

Drug Treatise No. XVIII, giving detailed uses of Libradol in disease, mailed on application.

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The different diseases are well described, and, so far as local treatment is concerned, very explicitly.

The work is one that can be studied to advantage by any one, even if they pay little attention to this line of work. The necessity for at least a superficial knowledge of these organs is being more and more imposed upon the students and general practitioners, and every addition to the literature on these subjects aids in increasing the ability of those for whom the work is intended.

The book is nicely gotten up, and is well worth the price.

K. O. F.

---

**Keene's System of Surgery.** Published by W. B. Saunders & Co., Philadelphia. \$7.00 per volume, by subscription only.

Vol. II. of Keen's Surgery maintains the high standard of Vol. I., and proves as complete and satisfactory as the profession anticipated. The great eminence of the different authors renders the reviewer's office merely superfluous. One can only try to give some expression to the appreciation felt as he notes the thoroughness and exhaustive minuteness with which the important subjects are treated. Thirteen chapters devoted to Diseases of Bones, Fractures, Surgery of the Joints, Dislocations, Surgery of the Muscles, Tendons and Bursae, Orthopedic Surgery, Surgery of the Lymphatic System, Surgery of the Skin, Pathology of the Chief Surgical Disorders of the Nervous System and its Importance in Clinical Diagnosis. The Surgery of the Nerves, Traumatic Neurasthenia, Traumatic Hysteria and Traumatic Insanity; Surgery among the Insane and the Surgery of Insanity; and Surgery of the Spine. Each chapter will be invaluable for reference, and appeals with impelling force to surgeons who make any attempt to keep in touch with surgical progress.

W. B. C.

---

**The Hygiene of Nerves in Health and Disease.** By August Forel, M. D. G. P. Putnam's Sons, New York. \$2.00 net.

This is one of the Science Series, and intended for the lay as well as the professional mind. As the subject indicates, the author deals with the mind, nerves and spirit, physiologically, psychologically, and anatomically, from a hygienic standpoint. The average mind will find itself in deep water, if not very careful, in a part of the book. The last few chapters are full of timely advice, and should be read and studied by medical men everywhere, especially students.

J. L. P.

**Visiting and Pocket Reference Book (Perpetual.)** Revised and enlarged. J. H. Chambers & Co., Publishers, St. Louis. Handsome vellum bound, iapel, pocket size. Price 50 cents.

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The publishers will mail copy post-paid on receipt of 24 2-cent stamps.

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## COLLEGE AND SOCIETY NOTICES.

### T. A. E. NOTES.

Brother G. W. Gregg, '09, writes his good will, and desires to be remembered to all of the T. A. E. brothers. He is located at Canandaigua, N. Y., and is enjoying a good practice.

We are pleased to introduce to our older brethren F. C. Leeds, '10, A. T. Bursin, '10, and T. M. Wurtsbaugh, '09, who have been regularly initiated and admitted into the land of the Greeks.

Brother W. C. Toby, '04, called on a number of the T. A. E.'s while in the city in October. He reports success, and his best wishes are for the grand old T. A. E.

A letter from Brother D. E. Bronson, '06, to the fraternity expresses his best wishes to each and every member of the T. A. E. While very conservative about his own success, we glean from other reliable sources that he has a large practice and is connected with the Eclectic Medical University of Kansas City, Mo.

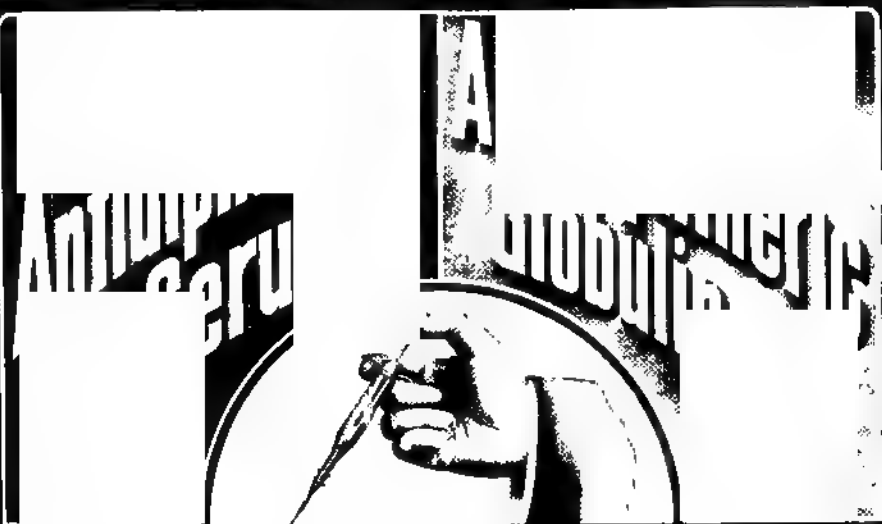
Brother Nelson McLaughlin, '07, was in the city for a few days during October.

Brother Howard C. Dahm, '67, is located in Toledo, O., 1023 Starr avenue. He writes his good will to the fraternity, and wishes all the T. A. E.'s success.

We are pleased to acknowledge a communication from Brother P. R. Bennet, '05, in which he expresses his best wishes for all the brothers. He is enjoying a lucrative practice at Farmersburg, Ind. May continued success crown his efforts as a true Eclectic.

Ere the Journal reaches you again you will have feasted upon Christmas Turkey, and have watched the old year out and the new year in. Our wishes for every member of the T. A. E. are a happy ending of the old year and a prosperous beginning of the new. May each and every member of the T. A. E. work with renewed vigor for the betterment of the fraternity.

W. K. DYER, Chronicler.



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**Ohio Society.**

Doctor, have you sent the title of that paper for our State meeting to the secretary of any section, or to Dr. J. L. Payne, Cincinnati, Ohio? If not, why not? Remember we are going to have the best meeting in 1908 we have ever had. There is need for it, and we mean to have it. Send those titles before Dec. 10, as we will all meet with the Northwestern Association at Marion Dec. 17 to complete our program, and help them celebrate their 25th birthday. Do not forget this nor delay it, but do it now. Then come to Marion, and visit the Northwestern Ohio Eclectic Medical Association on the above date, thus fulfilling your duty to yourself and Eclecticism.

W. N. MUNDY, Secretary.

**Northeastern Ohio Notes.**

Dr. C. M. Klyne, E. M. I. '94, of Youngstown, O., is serving the county of Mahoning as Coroner with much satisfaction to himself and the profession. He was elected to this position in a city overwhelmingly regular, with all the opposition that could be safely brought to bear against his election: and now, after several months of successful administration he has proven the wisdom of his election. He is a staunch Eclectic in all that the word implies.

We have quite a number of very creditable practitioners at Youngstown; among the number which my memory recalls are: J. B. Bloom, of '78; C. M. Klyne, of '94; C. A. Moore, of '85; E. M. Ilgenfritz, of '78; V. D. Viets, of '95; and S. Schiller, ex-president of the State Eclectic Medical Association, and some other good men whose names I fail to recall.

I asked Dr. Ilgenfritz what he thought of joining the regular profession in their love-making episode to embrace our men in the old school ranks. His reply was short and characteristic: "Not by a long way. We have fought too many years, with good success, to now surrender, with victory assured." I think Dr. Ilgenfritz belongs to the Methodist church, as he has kept the faith and is always willing to fight for the cause.

L. E. P.

**Texas Meeting.**

I attended the twenty-fourth annual meeting of the Texas Eclectic Medical Association held at Dallas October 23 and 24. The Texas Eclectics are wide awake. The society has a membership of 150 out of a possible 220 in the State, and 75 were in attendance at this meeting, which was a success in every way. I met Dr. M. E. Daniel, the energetic Eclectic who is President of the new Texas State Board of Medical Examiners, and the other Eclectic member, Dr. J. P. Rice. The officers for the ensuing year are—President, G. W. Johnson, San Antonio; 1st Vice President, C. D. Hudson, Waco; 2d Vice President, C. E. Frazer, Weatherford; Treasurer, M. E. Daniel, Honey Grove; Rec. Secretary, L. S. Downs, Galveston; Co. Secretary, G. W. Watson, Lanus. The next annual meeting will be held at Dallas in October, 1908.

J. K. R.

## PERSONALS.

**Wanted**—a good location. Prefer Indiana or Southern Michigan. Address Dr. L. Hoagland, Ind.

**Location.** Fine opportunity for a young Eclectic, in a good business town of 8,000 inhabitants, situated on the Union Pacific Railroad about 200 miles east of Salt Lake City. For particulars address with stamp Mrs. O. C. Wingo, Red Cross Drug Store, Rock Springs, Wyoming.

**Location.** Good country location in Mississippi. Am 78 years of age, and want to retire after having been in active practice since 1854. Will introduce my successor. A young man can succeed from the start. For particulars address with stamp Dr. W. C. Collins, Pleasant Hill, Miss.

Dr. A. W. Hobby, E. M. I '99, has been elected Coroner of Shelby county, receiving a plurality of 770 on the Democratic Ticket. He is nicely located at Sidney, O.

**Died**—At West Newton, O., Monroe Davison, M. D., October 23, aged 51. Dr. Davison was a graduate of the E. M. I. in class of 1882, and was one of the leading physicians of Allen county. Over 300 persons attended his funeral, as he was highly esteemed in the community in which he had practiced for near a quarter of a century.

Dr. L. D. Tompkins, of Cassopolis, Michigan, died in October at an advanced age. He has been taking the Journal regularly since 1847.

**In Memorium.**—Dr. Henry P. Evarts, born July 10, 1845, died March 31, 1907, at Grand Rapids, Mich. Dr. Evarts came of early New England stock, and was born in Geauga county, O. After teaching school for several years, he completed his medical education at the E. M. I. in 1870, subsequently taking post graduate work in New York. From its organization he was an active member of the State Eclectic Medical and Surgical Society of the State of Michigan. The State Society passed strong resolutions at his death. One of his intimate friends writes of him as follows: "He was so able, in every way competent, so honest, so manly that we shall feel his going as a loss profound. His friends in the Society will feel his absence in their meetings for several years. As an alumnus of the old institution, Dr. Evarts was the sort of a man and physician of whom our alma mater might justly be proud."

The following resolution, on the death of Dr. T. W. Miles, was adopted by the Colorado State Board of Medical Examiners, at their meeting on October 1, 1907:

"Resolved, That in the death of Dr. T. W. Miles the Colorado State Board of Medical Examiners has lost the services of one of its oldest and most active members, Dr. Miles had just entered upon his third term as a member of this Board. He was ever attentive to the most scrupulous discharge of his duties as a member, and was particularly desirous of raising the standard of the medical profession by the conservative, just, and practicable efforts of this Board.



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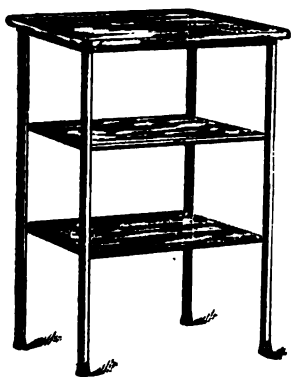
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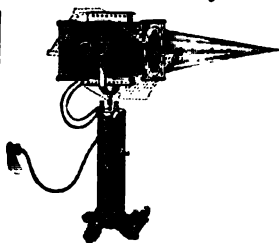
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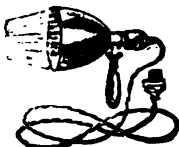


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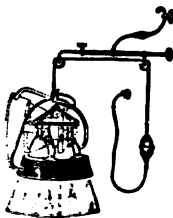
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## READING NOTICES.

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I have been very much interested in Dr. Abbott's recently discovered hypnotic anesthetic, i. e., hyoscine, morphine, and cactin compound. I have used it in a number of operative cases with very satisfactory results. The anesthesia was perfect, except in two cases where, in addition, I used a very small amount of chloroform, which completed the anesthesia.

I have none of the post-operative nausea which we so much dread, following other anesthetics. In one case of weak heart, where I could not use chloroform, the heart's action seemed to improve while under the influence of this hyoscine, morphine, and cactin anesthetic.

I feel that the medical fraternity is under great obligations to Dr. Abbott for the discovery and careful preparation of this much needed and greatest of anesthetics, that is proving such a boon to suffering humanity.

C. C. COCHRAN, Jacksonville, Ill.

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**PAIN.**—This is the condition we are most often called upon in a hurry to relieve. Our therapeutic measures employed will be gauged by the cause, location, severity, etc. A hot water bag should always be accessible. Hypodermics of morphine should be used as sparingly as possible. Papine is an excellent pain reliever that is devoid of the danger and unpleasantness of ordinary opiates. It relieves pain promptly and does not produce narcosis, constipation, etc.—W. T. MARRS, M. D., in the Medical Herald.

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For relieving the pain of the inflammations, Antiphlogistine will easily take the place of opium. The relief following may not be so prompt and so complete, but the edge of the suffering is taken off within a short time, and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from pain by it, will begin eating or using Antiphlogistine in any other way, which likelihood is the greatest disadvantage of opium. In the future let your morphine become stale, and keep your Antiphlogistine fresh—use it in inflammation.—The Medical Era.

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The psychological depressions and neuralgias so common in the period following a debauch are lessened or disappear altogether by the use of Celerina.

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**CASE 1.**—Mrs. C., aged 35. Was called in the morning, the patient giving the well known symptoms of pain in the right iliac region, pains extending down right leg, with chill and vomiting. Temperature was 100 1-2. Consulting surgeon advised operation, to which family would not consent, or rather wanted to wait a while. Treatment—5 drops tincture opii every three hours for a day or so, and alternating hot and cold water bag over affected region, was continued three days, with temperature normal at times, then extending as high as 102. On the evening of the third day, ordered Antiphlogistine spread over entire abdomen, and no other treatment, diet, of course, being restricted to milk only. In four hours after application of above mentioned remedy, no pain or rise in temperature, and recovery in regular time.

**CASE 2.**—Mrs. M., aged 28. All symptoms and conditions similar to case 1, except that in this case I gave 24 hours treatment with tincture opii and ice bag, after which temperature being 101 1-2, I applied Antiphlogistine with the result that temperature and pain were gone in less than eight hours.

**CASE 3.**—Aged 11 years. Called in consultation after patient had had varying conditions of pain, tenderness and fever for some hours. The pain and tenderness in this case extended beyond the ordinary bounds, and the treatment had been the orthodox opium and cold and hot water bag. I suggested to attending physician Antiphlogistine, which suggestion was carried out. In 24 hours pain and high temperature were gone and patient made complete recovery.

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**Use and Abuse of Cardiac Stimulants.**—Hare, in an article on this subject in the Therapeutic Gazette, discusses the common disregard of certain essential details concerning the action of cardiac stimulants. The "tired heart" usually receives excessive doses of digitalis instead of the indicated rest. Under these circumstances strophanthus or cactus the action of which is cardiac, but slightly vascular, should be used.

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## THE LATEST

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*The latest books will always be found on this page.*

**Essentials of Medical Gynecology.** By A. F. Stephens, M. D., Professor of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pages, fully illustrated. Cloth, \$3.00, postpaid. 1907.

**Diseases of the Digestive Organs.** For students and practitioners. By Owen A. Palmer, M. D., Cleveland, O., Member Ohio State Eclectic Medical Association, etc. 8vo, 524 pages, cloth, \$3.00. 1907.

**Treatment of Disease.** By Finley Ellingwood, M. D., Chicago, Editor Ellingwood's Therapeutist. Two volumes, 8vo, 1100 pages. Cloth, \$6.00 per set, postpaid. 1907.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D., Professor of Ophthalmology, Otolaryngology, Rhinology and Laryngology in the Eclectic Medical Institute, Cincinnati. 700 pages, 12mo, fully illustrated. Cloth, \$3.50, postpaid. 1906.

**The Eclectic Practice of Medicine.** By Rolla L. Thomas, M. D., Dean and Professor of Practice in Eclectic Medical Institute, Cincinnati. 8vo, 1033 pages, fully illustrated in colors and black. Cloth, \$6.00; sheep, \$7.00, postpaid. 1906.

**A Handy Reference Book to Specific Medication.** By J. S. Niederkorn, M. D., Versailles, O. 16mo, pocket size, 151 pages. Flexible leather, \$1.25. 1905.

**Materia Medica and Clinical Therapeutics.** By F. J. Petersen, M. D., Lompoc, Cal. 12mo, 400 pages. Cloth, \$3.00. 1905.

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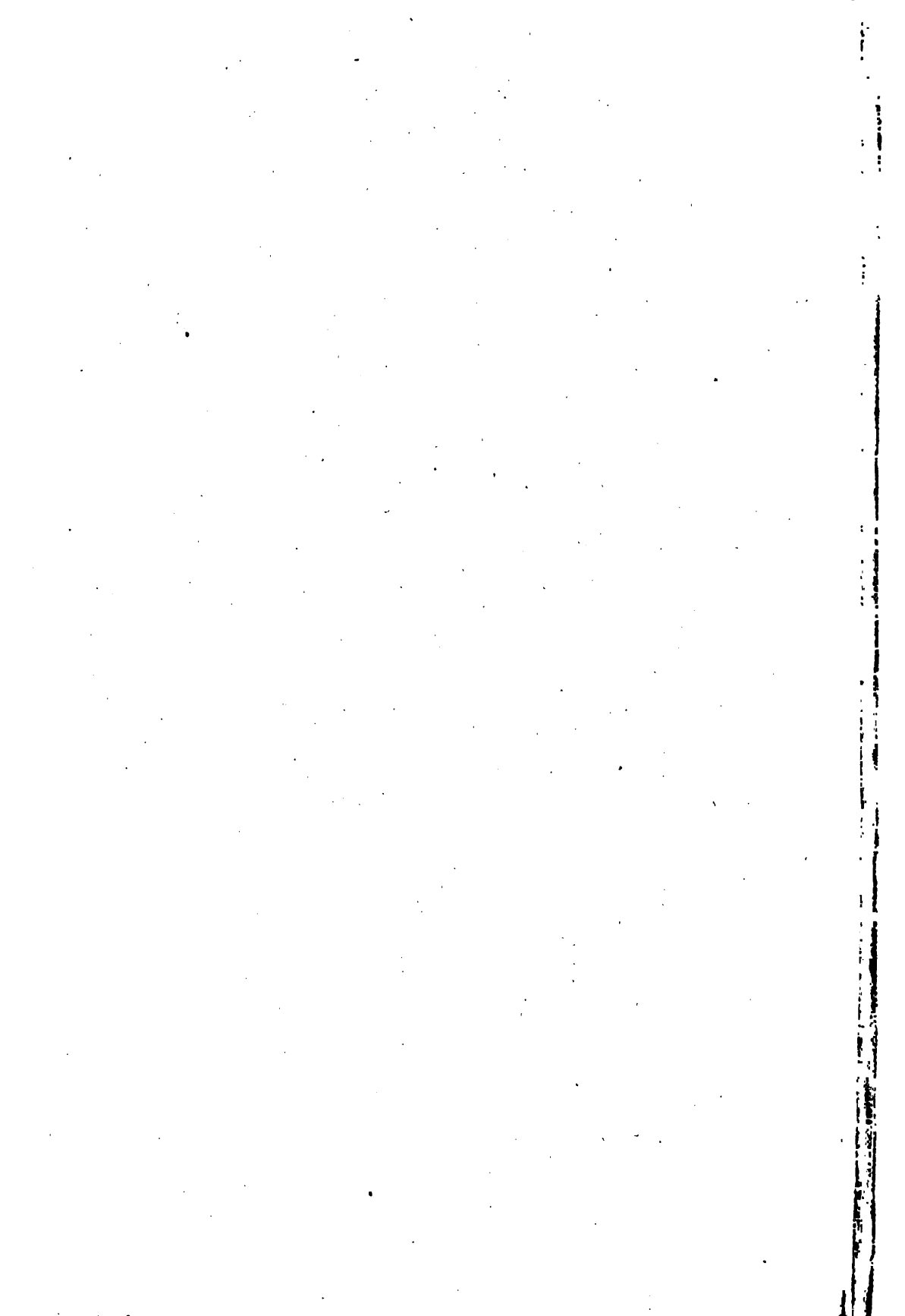
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